



# Member District Additional/Innovative Grant Request Form

District: \_\_\_\_\_

Grant Amount Request:

High School: \_\_\_\_\_

CTE Program: \_\_\_\_\_

Grant Goals:

Types of Expenditures:

Goal Attainment (how will you measure your goal)?

\_\_\_\_\_  
Local Director Signature

For West-MEC USE ONLY

Date Received by West-MEC: \_\_\_\_\_

Amount Approved

Asst. Superintendent Approved: \_\_\_\_\_

*If request is \$50k or under*

Superintendent Approved: \_\_\_\_\_

*If request is above \$50k*