New Program/Services Request *Sonoma County Office of Education*

A. New Program Name	E. Program Revenue Type (check one)
	☐ Grant/Entitlement
B. Budget Manager	Grant period
·	Grant amount
C. Funding Source	☐ Fee Based
Agency	Local districts
	Regional
D. Program Operation Type	☐ Other
☐ Ongoing	Specify
☐ One-Time Only	
General description of the new program functions and services provided	
denotal accomplish of the new program lanciants and convices provided	
Describe program client(s), the need for service(s) and method to be use	ed to target client base
Describe any matching, maintenance of effort, or other revenue or service	e required of SCOE
Describe program personnel requirements	
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Other pertinent information	
Reporting requirements	
Program Activity Reports to outside agency required	Program Budget Reports to outside agency required
☐ Yes ☐ No	☐ Yes ☐ No
If yes, indicate due date(s) Program Person Assigned	If yes, indicate due date(s) Program Person Assigned
Frogram Felson Assigned	Flogram Felson Assigned
3. Program Expenditure Reports to outside agency required	
□ Yes □ No	
If yes, indicate due date(s)	
Program Person Assigned	
Department Director	Date
Superintendent	Date
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