

DOÑA ANA COUNTY HEAD START PROGRAM



PARENT ACTIVITIES FUND REQUEST FORM

Date: _____

Person requesting funds: _____

Purpose of Request: _____

Date Needed: _____

Amount Needed: _____

Doña Ana Co. Head Start Director

Staff Signature (if applicable)

Policy Council Chair or Representative

NOTE: Request for approval will come before the Policy Council at large for approval, with the exception of situations that would violate confidentiality.