



Application for Specialty Purchases through CCR

Program Information

Name: _____ Campus: _____

Email: _____ Cell Phone: _____

Program Data

CTE Course(s) and/or Pathway(s)/Program(s) to be impacted:

Grade Level(s): _____ Number of students to be impacted: _____

Purchase Information

Type of request: Supplies/Equipment Field Trip Conference/PL Supplemental Contract Other

Supplies/Equipment request form attached (if applicable): Yes No

Quote, conference agenda, registration, or iAchieve course information attached: Yes No

Vendor/Vendor #: _____ Total amount requested: _____

Purchase Rationale

Explain the need for the purchase/expense:

Description of outcome(s)/objective(s) for students:

Please summarize any potential lasting/long-term impacts and/or benefits to students:

List applicable academic and/or CTE content standards: _____

List applicable High Quality CTE program standards: _____

Please summarize industry involvement relating to this purchase (certification, internships, advisory/community/industry driven, CTSO's, WBL experience, benefit to industry/community, etc.)

Office use only – Grant Cycle		
Coordinator Team Review Approval:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
College and Career Readiness Approval:	Yes <input type="checkbox"/>	No <input type="checkbox"/>