



SPED - WRAP Funds Requests

Name of Preparer or requester :

Date Requested:

FIPS:

REQUEST IS FOR FISCAL YEAR: 2019

			Actual FY19 Expenditures (b)	Projected Additional FY19 Expenditures (c)	Total Actual Projected FY19 Expenditures (b + c = d)
2h.	Wrap-Around Services for Students With Disabilities				

In column (b) input current SPED - WRAP expenditures
 In column (c) input the projected SPED - WRAP expenditures
 In column (d) calculated (the sum total of the amount of SPED-WRAP needed)

Short Description of Services to be supported by SPED-WRAP funds:

CPMT Chair Approval: _____

Fiscal Agent Approval: _____

Note:

- The total above is inclusive of the State shared cost and Locality required match.
- The required match is at the Locality's base rate.

Scan a signed copy and email it to maris.adcock@csa.virginia.gov