

# F.A.M.E. DISBURSEMENT REQUEST

F.A.M.E. (Fine Arts and Music Enhancers): It is the goal of F.A.M.E. to provide enhancement to the arts that are offered in the Clear Creek Amana School District so that the students of Clear Creek Amana develop a lifelong appreciation of the arts. We support and encourage comprehensive enrichment for the students and staff in the arts district-wide. Our goal is to use our resources--time and money--to provide enhancement for the most students possible. We define the arts as including, but not limited to the following: art, k-12; vocal music, k-12; instrumental music, 5-12; technical arts, 6-12; drama and speech, 6-12.

## Yearly Allotment Disbursement Request:

School Year: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Program & School:  
(ex. North Bend Art) \_\_\_\_\_

Item #1:	Description	Quantity	Cost per piece
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Total:			_____

Request justification:

- Can any of the items be used by other CCA Fine Arts programs?  Yes  No
- If your request exceeds program allocation amount (\$300), do you have other funding avenues available to cover the balance?  Yes  No
  - If Yes, what amount and where will the remaining funds come from?

Please provide written justification for the request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

(Principal signature required, indicating no district funds are available for request)

Date: \_\_\_\_\_

## Additional Funds Request:

This section should only be used when you have already used your annual disbursement of \$300.00.

School Year: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Program & School:  
(ex. North Bend Art) \_\_\_\_\_

Item #1:	Description	Quantity	Cost per piece
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Total:			_____

Request justification:

- Can any of the items be used by other CCA Fine Arts programs?  Yes  No
- If your request exceeds program allocation amount (\$300), do you have other funding avenues available to cover the balance?  Yes  No
  - If Yes, what amount and where will the remaining funds come from?

Please provide written justification for the request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

(Principal signature required, indicating no district funds are available for request)

Date: \_\_\_\_\_

**Yearly Allocation requests:** Allocation form must be received before requests will be processed. All forms should be emailed to [CCAFAME@gmail.com](mailto:CCAFAME@gmail.com).