



Non-Educational Expenditures Request Form

The Title IC-Migrant Education Program (MEP) plays a crucial role in supporting the educational needs of migrant students. A critical aspect of the program is the effective utilization of funds, ensuring that every dollar is used efficiently to maximize the benefits for migratory students. Please use the attached form to document efforts to secure other funding sources prior to requesting the use of Title IC-Migrant funds to address non-educational issues that are impacting a migratory student and/or family. By following this guidance and obtaining approval for non-educational expenditures, we can ensure responsible fund utilization and maximize support for our migrant students.

Cost threshold: Projects are required to seek approval from the Nebraska Department of Education MEP for expenditures of \$250 and above. This threshold ensures that significant expenses undergo proper review and align with the primary objective of supporting instructional services.

Submitting requests: Projects must submit a request form to the MEP State Director. Include relevant documentation, such as quotes, proposals, or contracts, and a detailed explanation to support the request.

Evaluation criteria: The MEP State Director will assess each request based on if it is allowable, reasonable, and necessary. The evaluation will also consider the availability of alternative funding sources and the potential impact on instructional services.

Timely decision-making: The MEP State Director will strive to provide a prompt response to expenditure requests. However, it is advisable to submit requests well in advance to allow for thorough evaluation and timely decision-making.

Stewardship of funds: As custodians of MEP funds, projects should exercise prudent financial management and prioritize expenditures that directly contribute to the educational advancement and well-being of migrant students.

If you have any questions or need assistance, please contact the MEP State Director.



TITLE I PART C

Education of Migratory Children



Non-Educational Expenditures Request Form

MEP Project: _____ Date: _____

Originating Staff Name: _____ Staff Position: _____

Student Name: _____ Grade _____ Age _____

Parent Name: _____ Phone number _____

City: _____ COE Number: _____

Type of Expense:

- Hearing Dental Vision Physical Exam
- Clothing Materials Transportation Other

Summary of Service Needed:

Total Amount Requested: \$ _____

What would result if this request were not approved?:

Project Director submitting this request



TITLE I PART C

Education of Migratory Children



Agencies Contacted before submitting this form to the State Director:

1. Organization: _____
 Amount Contributed: _____
 Reason for Contribution: _____
 How will the Contribution be received: _____

2. Organization: _____
 Amount Contributed: _____
 Reason for Contribution: _____
 How will the Contribution be received: _____

3. Organization: _____
 Amount Contributed: _____
 Reason for Contribution: _____
 How will the Contribution be received: _____

Approved/Disapproved

State Director

Nebraska Title IC-Migrant Education Program

Date