

WCMCA Head Start Site Equipment Request Form

FES Name: _____ Center: _____ Date: _____

We will be looking at equipment requests as follows: **Safety items will be a priority and other items as funds are available.**

Please fill out and return to your supervisor and cc Dee Dee. If you need more room please use another form.

Item Number	Quantity	Equipment Needed	Company Name	Reason for Request (Health & Safety, to meet Rule 3, Individulization etc)	Estimated Cost	Priority 1-3 (1= High need, 3 = low).