

WCMCA Head Start Site Equipment Request Form

FES Name: _____ Center: _____ Date: _____

We will be looking at equipment requests as follows: **August 31st and May 31st**.
Please fill out and return to your supervisor by the appropriate date. 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). |
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