WESLACO INDEPENDENT SCHOOL DISTRICT
THE RIGHT CHOICE
Priscilla Canales, Ph.D.
Superintendent

Weslaco Independent School District

319 West 4th St., Weslaco, Texas 78596
Phone (956) 969-6500 Fax (956) 969-2664

Weslaco ISD Checklist for MOUs/LOIs/Grants

Lead Administrator: _____

Department/Campus: _____

Additional Staff Involved: _____

Type of Program: _____ **MOU** _____ **LOI** _____ **ILA** _____ **Private Grant** _____**State Grant** ___**Fed. Grant**

Program description:

How will the program be evaluated?

Alignment to district goals (Attach SAIP/CIP)**:**

_____ **Student Success/Literacy Focus**
_____ **Positive Learning Environments**
_____ **Parent-Community-Business-Industry Relations**
_____ **Capacity-Building/Leadership Development**
_____ **Financial Strength**

Application Due Date: ____/____/_____

Effective start date: ____/____/_____ **Effective end date:** ____/____/_____ **Number of years:** _____

_____ **Current or previous years in district** (If more than one year, please indicate any major changes in the first row of the table and highlight on document)

_____ **If more than one year, summary of impact:**

_____**FERPA & criminal background information**

_____**Attorney review date:** ____/____/_____ _____**Board approval date:** ____/____/_____

_____**District costs and deliverables:**

***Lead administrator is responsible for timely completion of all actions prior to final approval by the superintendent.**

REVISED April, 2019

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Person Responsible (Initial Approval or Denial and Enter Notes/Comments)	Approved /Denied	Initial After Review	Date Approved or Denied
Lead Administrator/Director/Coordinator/Strategist Review Special notes/comments:	_____ Approved _____ Denied		
Principal(s)/Dept. Leader(s) Review *(req. If campus and/or dept. Have roles & responsibilities in carrying out the grant in any form)* Special notes/comments:	_____ Approved _____ Denied		
Assistant Superintendent Supervising Lead Admin./Dir./Coordinator/Strategist Review Special notes/comments:	_____ Approved _____ Denied		
HR Director Review *(req. If potential staffing allocation/reassignment funding changes)* Special notes/comments:	_____ Approved _____ Denied		
Assistant Superintendent of Finance Review *(req. For in-kind & fin. campus/dept./district contributions)* Special notes/comments:	_____ Approved _____ Denied		
Assistant Superintendent for Administration & Support Services Review Special notes/comments:	_____ Approved _____ Denied		
Other:(Technology Director, Athletic Director, Risk Management Director, Etc) Review	_____ Approved _____ Denied		
Superintendent Review Special notes/comments:	_____ Approved _____ Denied		

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