ENRICHMENT LEVY:
OPI PRE-BALLOT APPROVAL

Select District Name: _____________________________

Anticipated date of ballot: ______________________

Primary Contact Name and Email: _____________________________

Districts are to fill out the green highlighted cells before printing and obtaining approver's signature.

Completed forms can be returned to thomas.kelly@k12.wa.us or SAFS@k12.wa.us.

Part I. Basic Education Assurances

Will your district comply with WAC chapter 392-127(46:1,000 compliance) using only state funds? Yes No

Will your district comply with WAC chapter 392-127 (61,000 compliance) using only state funds? Yes No

Part II. Narrative of Proposed Levy Expenditure Plan*

*OSPI approval of this plan does not constitute a legal opinion or a approval of your official ballot language.

Part III. Enrichment Levy Revenues and Expenditures

<table>
<thead>
<tr>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
<th>2022-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated School Year Collection</td>
<td>$6,300,000</td>
<td>$7,900,000</td>
<td>$9,000,000</td>
</tr>
<tr>
<td>Estimated Expenditure Program</td>
<td>$4,000,000</td>
<td>$4,900,000</td>
<td>$5,000,000</td>
</tr>
</tbody>
</table>

I attest that all is true and correct.

Printed Name: _____________________________

Approved Revision Requested

Date: _____________________________

Superintendent: _____________________________

Part IV. Certification / Signature

If applicable, the signatory is a director or an elected or appointed official of the district eligible to sign.

Part V. OSPI Decision

1/14/2019