**21st Century Community Learning Centers (21st CCLC) Program**

**Field Trip Proposal Form**

**Complete and submit via email to the assigned program contact for prior approval if requesting 21st CCLC reimbursement. Do not complete if using other funding sources.**

**Forms MUST be submitted at least 10 days prior to the requested event.**

Program Name: Click or tap here to enter text. Date:Click or tap here to enter text.

Phone:Click or tap here to enter text.

Project Director and Name of person completing this form:Click or tap here to enter text.

*To determine if a field trip is allowable or unallowable: The field trip must have the ability to change grades, bring college awareness, career awareness, support the program goals and objectives as listed in the grant application and have a positive impact on student growth and achievement.*

|  |  |  |
| --- | --- | --- |
| **Goal:** List (write out) the goal(s) from the grant application that is/are associated with this field  trip: | | |
| Click or tap here to enter text. | | |
| **Objective:** List (write out) the objective(s) from the grant application that is/are associated with  this field trip: | | |
| Click or tap here to enter text. | | |
| **Date:** | **Time:** | **Contact Hours:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of field trip:** | | | | | | | | |
| A. Field trip topic or title: | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| B. Where will the field trip be held? | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| C. Give a brief description of the field trip activity. A description from website may be copied  and pasted but include the plans prior to or after the field trip activity. | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| **Location:** Name and address of field trip  activity. | Distance: Number of  miles round trip. | | | Type of  Transportation | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | |
| **Attendees:** List the number of students and chaperones attending. (Suggested staff to student  ratio- 1:15) | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| **Costs:** | | **Qty.** | **Cost per item** | | | **Total** | | |
| Students | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Chaperones | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Mileage Costs (# of miles x per mile cost) | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Bus Driver Costs**:** | | | | | | Click or tap here to enter text. | | |
| **Grand Total** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Are there funds allocated for this field trip in the approved FY Budget?** | | | | **Yes** |  | | **No** |  |
| Click or tap here to enter text. | | | | | | | | |
| **Attach link to website, brochure, lesson plans, pre-activities and post activities.** | | | | | | | | |

LDOE USE ONLY

Approved

Not Approved

21st CCLC Program Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

21st CCLC Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**COMMENTS:**

Click or tap here to enter text.