**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.*

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

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| **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 copiedand 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 tripactivity. | Distance: Number ofmiles round trip. | Type ofTransportation |
| 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 studentratio- 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.