

SEA/LEA PRE-APPROVAL REQUEST FOR PROFESSIONAL DEVELOPMENT EVENTS

If you are planning to attend the FACTS Elevate conference and plan to use federal funding to cover the cost, please complete this form and submit to your SEA or LEA for pre-approval. Submit the completed, signed form via email to factselevate@factsmgt.com before completing your online conference registration at factselevate.com.

Make sure to save a copy of the completed form for your records.

NOTE - You may be required to complete a separate form for reimbursement of conference and/or travel expenses, if allowable by the SEA or LEA.

Participant First Name:			Participant Last Name:				
Participant Email Address:							
Arch/Diocese:							
School Name:							
School Address:			_ School City, State, Zip:				
Administrator Name:			School Phone				
Conference/Workshop Title:							
Conference Date(s):			Location (City & State):				
Describe the content/learning ob			_				
SEA/State or LEA/District Name:							
SEA/LEA Contact First Name:			Contact Last Name:				
SEA/LEA Contact Email Address:							
SEA/LEA Address:			City, State, Zip: _				
				FX	AMPLE #1	FXΔ	MPLE #2
Funding Source	\$		Title II/IV Funds	\$		\$	1800
Funding Source	\$		EANS Funds	\$	500	\$	200
Funding Source	\$		CARES Funds	\$	500	\$	
TOTAL =	\$		TOTAL =	\$	2000	\$	2000
The SEA or LEA agrees to solver	of.	the total cost of register	ation and travel evacues	using the	s calcated fundi	ng course	
The SEA or LEA agrees to cover _ The following expenses are allow		Lodging	ation and travel expenses	using the Meals		ng source.	
s .onoming expenses are anow	Mileage			Airfare			
GEA15A							
SEA or LEA			Signaturo Dato:				