



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 objectives for this event:

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: _____

Funding Source _____	\$ _____
Funding Source _____	\$ _____
Funding Source _____	\$ _____
TOTAL =	\$ _____

	EXAMPLE #1	EXAMPLE #2
Title II/IV Funds	\$ 1000	\$ 1800
EANS Funds	\$ 500	\$ 200
CARES Funds	\$ 500	\$ _____
TOTAL =	\$ 2000	\$ 2000

The SEA or LEA agrees to cover _____ of the total cost of registration and travel expenses using the selected funding source.

The following expenses are allowable:

- | | | |
|---------|-----------------|---------|
| Mileage | Lodging | Meals |
| | Taxi/Ride Share | Airfare |

SEA or LEA Representative Signature: _____

Signature Date: _____