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| --- | --- |
| **Name of Program** |  |
| **Unit Number** |  |
| **Cohort Number** |  |

***For each proposed (virtual) summer field trip, complete and email this form to:*** [***eric.rainey@dpi.nc.gov***](mailto:eric.rainey@dpi.nc.gov) ***for prior approval if requesting 21st CCLC reimbursement. Do not complete if there are no costs or if using other funding sources.***

***Virtual field trips must occur at the program site(s) to ensure attendance and supporting documentation are collected. Virtual field trip forms NOT submitted at least 30 days prior to the scheduled trip will not be approved, and virtual field trips that occurred without prior approval will be subject to repayment. Also, please email any proposed minor changes to approved virtual field trips to*** [***eric.rainey@dpi.nc.gov***](mailto:eric.rainey@dpi.nc.gov) ***at least 10 days prior to scheduled trip for review and approval.***

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| **Goal:** List the goal(s) from the **grant application** that is (are) associated with the proposed field trip. ***Please note any adjustments in programming due to COVID if field trip goals differ from those stated in grant application***. | | | | | | | | |
|  | | | | | | | | |
| **Objective:** List the objective(s) from **grant application** that is (are) associated with the proposed field trip. ***Please note any adjustments in programming due to COVID if field trip objectives differ from those stated in grant application*** | | | | | | | | |
|  | | | | | | | | |
| **Description of Field Trip** | | | | | | | | |
| **Date of TRIP:** | **Time:** | | | **Duration:** | | | | |
|  |  | | |  | | | | |
| **Name of virtual field trip provider**  **(Ex. NC Museum of Science)** | **Contact Person of virtual field trip provider**  **(Name, email address, phone#)** | | | **Website link of virtual field trip provider**  **( Ex.** [**https://naturalsciences.org**](https://naturalsciences.org)**)** | | | | |
|  |  | | |  | | | | |
| **Virtual Field Trip Destination: (List title and topic including website link(s), etc.)** | | | | | | | | |
|  | | | | | | | | |
| **Virtual Field Trip Presentation Logistics ( List the on-site room location(s) and devices )** | | | | | | | | |
|  | | | | | | | | |
| **Pre-Activity(s):** | | | | | | | | |
|  | | | | | | | | |
| **Activity(s) During the Virtual Field Trip: (attach the virtual trip schedule)** | | | | | | | | |
|  | | | | | | | | |
| **Post-Activity(s):** | | | | | | | | |
|  | | | | | | | | |
| **Attendees: (**List the number of students and chaperones attending) | | | | | | | | |
|  | | | | | | | | |
| **Costs:** | | **Quantity or Number** | **Cost Per Item** | | **Total** | | | |
| **Student Fee:** | |  |  | |  | | | |
| **Program Staff Fee:** | |  |  | |  | | | |
| **Transportation Costs (contract amount or #miles x cost per mile)** | |  |  | |  | | | |
| **Bus Driver Costs (# drivers x hourly rate x hours)** | |  |  | |  | | | |
| **Grand Total** | |  |  | | $ | | | |
| **Are the 21st CCLC funds for this virtual field trip in the approved FY Budget or Amendment?** | | | | | **Yes** |  | **No** |  |

***\*Contact Eric Rainey at*** [***eric.rainey@dpi.nc.us***](mailto:eric.rainey@dpi.nc.us) ***for further guidance if needed.***

I hereby attest I am responsible for repayment of 21st CCLC federal funds in the event of any questioned cost as a result of any FPMS( federal program monitoring support) monitoring, or audit (internal, state or federal) associated with this virtual field trip.

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| --- |
| **Printed Name:** |
| **Signature:** |
| **Title:** |
| **Date:** |