|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Program**   |    | **Unit Number**   |    |
| **Person Completing Form**   |    | **Date of Form**   |    |

***For each proposed field trip, complete and email this form to:*****eric.rainey@NCDPI.nc.gov*****for prior approval if requesting ELISS reimbursement.  Do not complete if there are no costs or if using other funding sources.***

***Forms NOT submitted at least 30 days prior to the scheduled trip will not be approved, and trips that occurred without prior approval will be subject to repayment.  Also, please email any proposed minor changes to approved field trips to*****eric.rainey@NCDPI.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:**   |
|      |    |    |
| **Location: (Name and address of field trip destination)**   | **Distance: (Total number of miles round trip)**   | **Type of Transportation:**   |
|      |    |    |
| **Field Trip Destination: (List title and topic including website link(s), as applicable)**   |
|      |
| **Pre-Activity(s):**   |
|              |
| **Activity(s) During the Field Trip: *For multi-day trips please attach a daily agenda***   |
|              |
| **Post-Activity(s):**   |
|              |
| **Attendees: (**List the number of students and program staff 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 ELISS funds for this field trip in the approved FY Budget or Amendment?**   | **Yes**   |    | **No**   |    |

***\*Contact Eric Rainey at* eric.rainey@dpi.nc.gov*for further guidance if needed.***

I hereby attest I am responsible for repayment of ELISS 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 field trip.

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