**
2020–2021 Request Approval for sCHOOL PROFESSIONAL DEVELOPMENT**

**CARES Act (ESSER Fund)**

# SCHOOL CONTACT INFORMATION

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| --- | --- | --- | --- |
| **School Name:** |       | **Date Requested:** |       |
| **Federal Grant Funding Used:** | **CARES Act (ESSER Fund)**  |
| **Name of Participant:** |       | **School Position:** |       |
| **Participant’s Email:** |       | **Participant’s Phone:** |       |
| **Participant’s Fax:** |       | **School Phone:** |       |
| **School Address:** |            | **Principal :** |       |
| **Date:** |       | **Location :** |       |
| **Conference/Workshop Title:** |            |
| **Number and Class of Attendees** |       |
| **Describe the requested professional development activity based upon the Campus Needs Assessment:** |
|       |

# Documentation

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| Include a detailed description of the conference or workshop (announcement, agenda, session topics, etc.)..      |

# Estimated Budget

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| --- | --- |
| **Registration Fee**  | $       |
| **Lodging** (*per diem amount for city based on federal travel rates)\** | $       |
| **Mileage** (*per diem amount based on POV mileage*) **or airline ticket** (whichever is less) | $       |
| **Meals** (*per diem amount for city based on federal travel rates)\* \*Itemized receipts required for these reimbursements.* | $       |
| **TOTAL REIMBURSEMENT REQUESTED:** | $       |

# authorization

I authorize the use of federal funds to support the professional development activity stated above. This professional development activity supports the needs of our students based on the Campus Needs Assessment. All reimbursements are to be paid 30 days from the date the invoice is submitted.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Signature** |       | **Date** |       |
|  |
| **Catapult Signature** |       | **Date** |       |
| 🞎Approved 🞎 Not Approved 🞎 Not Eligible 🞎 Not Aligned to Campus Needs Assessment |

For reimbursement of any “paid up front” expenses, submit eligible receipts and proof of payment. Shared receipts may not be submitted. According to federal and HISD guidance, all submitted receipts must be originals, itemized, show no unallowable purchases (e.g., alcoholic beverages, pharmaceuticals, etc.), and must equal the amount that is being requested for reimbursement.