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**2021–2022 Request Approval for StUDENT SERVICES**

**CARES Act (ESSER Fund)**

# SCHOOL CONTACT INFORMATION

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| --- | --- | --- | --- |
| **School Name:** |       | **Date Requested:** |       |
| **Name of Student Group:** |       | **Contact Phone:** |       |
| **Contact Email:** |       | **School Phone:** |       |
| **Contact Fax:** |       | **Principal:** |       |
| **School Address:**  |            | **Location of Student Service:** |       |
| **Number of Participants:** |       | **Grade(s) of Participants:** |       |
| **Name of the Student Activity/Opportunity:** |       |
| **Date:** |       |
| **Describe the requested student service activity based upon the Campus Needs Assessment (CNA):** |
|       |

# Documentation

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| Include a detailed description of the student opportunity (e.g., announcement to parents – if needed, materials, schedule).      |

# Estimated Budget

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| --- | --- |
| **Registration Fee**  | $       |
| **Lodging** (*per diem amount based on GSA rate)* | $       |
| **Mileage for POV** (*per GSA rate*) **or Cost for Rented Vehicle (and gas) or Cost for Chartered Vehicle or Airfare** | $       |
| **Meals** (*per diem amount based on GSA rate)\*Itemized receipts required for all meal 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 instructional needs of our students and professional development plan of our school. All invoices are to be paid 30 days from the date the invoice is submitted.

# SIGNATURES

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| --- | --- | --- | --- |
| **Principal Signature** |       | **Date** |       |
|  |
| **PD Manager Signature** |       | **Date** |       |
| 🞎Approved 🞎 Not Approved 🞎 Not Eligible 🞎 Not Aligned to Campus Needs AssessmentFor reimbursement of any “paid up front” expenses, submit receipts, proof of payment and certificates of completion of the workshop. Shared receipts may not be submitted. According to federal and HISD guidance, all submitted receipts must be itemized, show no alcohol purchases and must equal the amount that is being requested for reimbursement. |

**Rev. 09/15/2021**