Field Trip Mini-Grant reimbursement request

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of field trip: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher/School Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (inc. city & zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classrooms and # of students who participated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KMTA NHA site(s) visited:

Reimbursement amount requested: $\_\_\_\_\_\_\_\_\_ (up to $500)

*Please provide receipts for transportation costs and/or field trip expenses.*

This mini-grant requires equal or more non-federal matching funds. This can be all or part in-kind such as teacher time, administrative time, advance preparation, etc. Please list the amount of non-federal match your school provided. (Must be equal to or greater than the amount requested.)

Value of match: \_\_\_ teacher hours @ $\_\_\_\_\_\_/hr = $ \_\_\_\_\_\_\_

 \_\_\_ volunteer hours @ $27.88/hr = $ \_\_\_\_\_\_\_

Additional \*cash and/or in-kind match:

*\*Please provide copies of receipts for purchases*

Total Match Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To request reimbursement, email this form to: katherineschake@kmtacorridor.org

*Include photographs if available. Unless specifically prohibited by the grantee KMTA CCA may include this information and photos in press releases and promotional material.*

Questions? Contact Katherine Schake: 907-205-0235