REQUEST FOR FUNDING FORM

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| --- | --- |
| **CONSULTANT** |  |
| **DATE:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE OF ACTIVITY** | **INFORMATION ABOUT EVENT, EXCURSION, MARKET, ETC** | | | **FULL COST OF EVENT** | **AMOUNT REQUESTED OF HAFDC TO PAY** | **HOW MANY EDUCATORS ARE ATTENDING?** | **HOW MANY CHILDREN ARE ATTENDING?** |
|  |  | | |  |  |  |  |
|  |  | | |  |  |  |  |
| **Office Use only:** | | | | | | | |
| **Approved** | | **Denied** | **Reason:** | | | | |