|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 21st CCLC Subgrantee Name: | | | | NYSED Project Number: | | Expanded Learning Program (ELP): | | |
| • | | | | •0187-##-#### | | Yes  No | | |
| Program Director Name: | | | | | **Program Director Email Address:** | | | |
| • | | | | | • | | | |
| Date Request Submitted to NYSED: | | | | | **Date(s) and Start/End Times of Requested Field Trip:** | | | |
| • | | | | | • | | • | |
| Requested Field Trip Destination: | | | | | **Number of Students Attending:** | | | |
| • | | | | | • | | | |
| Number of Chaperones Attending: | | | | | **Names of Staff Members Attending:** | | | |
| • | | | | | • | | | |
| Total Cost of Requested Field Trip: • $ | | | | | | | | |
| Breakdown of Total Cost: | **Transportation:** | | • $ | | **Other:** [Enter Description] | | | • $ |
| **Entrance Fees:** | | • $ | | **Other:** [Enter Description] | | | • $ |
| **Food:** | | • $ | | **Other:** [Enter Description] | | | • $ |
| Are expenses for this requested field trip reflected in the program’s most currently submitted FS-10 Proposed Budget or will an FS-10-A Budget Amendment be required? | | Yes, expenses for this requested field trip are reflected on the program’s most recently submitted [FS-10 Proposed Budget](https://www.oms.nysed.gov/cafe/forms/documents/FS10_Cert_Protected_Excel_041715.xls). | | | | | | |
| No, expenses for this requested field trip are not reflected in the program’s most recently submitted FS-10 Proposed Budget. Thus, the program will submit an [FS-10-A Budget Amendment](https://www.oms.nysed.gov/cafe/forms/documents/FS10A_Cert_Protected_Excel_041715.xls) via the [Survey Monkey Apply Portal](https://nysed-expandedlearning-apply.smapply.io/prog/21stcclc_program_modification_and_budget_amendment/). | | | | | | |

***Please provide the following information about proposing the use of 21st CCLC funds for field trips. Field trips are required to have an educational focus and measurable learning outcomes.***

**A)** Using the chart below, select the **Areas of Educational Focus** that apply to the program’s requested field trip:

|  |  |
| --- | --- |
| Science and Nature | Arts and Culture |
| History and Social Studies | Technology and Innovation |
| Civic Engagement and Community Service | Outdoor Education and Adventure |
| Career Exploration | Health and Wellness |
| Literature and Language Arts | Culinary Arts and Nutrition |
| Math and Economics | Geography and Geology |
| Financial Literacy | Other: [Enter Description] |

**B)** Using the chart below, select the **Activities/Skills** that students will be expected to acquire or improve upon as a result of participating in this requested field trip:

|  |  |
| --- | --- |
| Communication Skill Building | College and Career Planning/Preparation |
| Research Skills | Critical thinking |
| Story reading/listening | Problem Solving |
| Financial and Environmental Literacy | Teamwork-Collaboration |
| Conflict Resolution | Social Emotional Skills |
| Cultural awareness | Appreciation for the Arts |
| Community Advocacy | Civic Engagement |
| Creativity and Imagination | Other: [Enter Description] |

**C)** Describe the **Learning Objective(s)** of this requested field trip:

|  |
| --- |
| • |

**D)** Describe **Post-Field Trip Assessments or Reflection Activities** that will evaluate students’ learning outcomes and facilitate meaningful discussions about their experiences:

|  |
| --- |
| • |

**E)** Describe **Special Considerations** (accommodations, modifications, assistive technology, equipment, etc.) that will ensure the requested field trip, its associated lessons, and anticipated outcomes are accessible to the diverse needs, backgrounds, abilities, and languages of all students, including, but not limited to students of color, students with disabilities and English Language Learners:

|  |
| --- |
| • |

**F)** Attach a **Lesson Plan and Supporting Documents** (agenda, sample student worksheet, etc.) as evidence of the requested field trip’s learning objectives, areas of educational focus, activities, skills, assessments, outcomes, and special considerations as described above in A-E.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For NYSED Purposes Only** | | | | | | | | |
|  | |  | |  | | |  |  |
| Date NYSED 21CCLC Received | |  | | Date of Requested Field Trip | | |  | Date Subgrantee Notified of Decision |
| **Approved** | **Pending - Returned Request to Subgrantee to**  **Provide missing information;**  **Clarify provided information; and/or**  **Other (Explain in comment section below)** | | | | | | | |
| **Denied** |
| *Comments:* | | | | | | | | |
|  | | | | | | | | |
| NYSED Reviewer | |  |  | |  |  | | |