

LEA Request for Prior Approval of Participant Support Costs

LEA _____
Federal Fund _____
Fiscal Year _____
Name of Requestor _____
Date of Request to KSDE _____
Program Contact _____

KSDE Reviewer _____
Date of KSDE Approval _____
KSDE Review Notes _____

Total amount of Participant Support Costs to be charged to the Federal Grant \$ **\$ 0.00** _____

Initial here to indicate agreement with this statement.

_____ The Participant Support Costs listed on this worksheet will support the Federal program and are reasonable, necessary, and allocable to the Federal grant.

Itemized List of Participant Support Costs for which Prior Approval is Requested

[illegible]