



REQUEST FOR PRE-APPROVAL OF FAMILY INVOLVEMENT FUNDS

FOR ELIGIBLE EARLY STEPS FAMILIES

not to exceed \$250 per family per event

Date: _____ Child's Name in Early Steps: _____

Parent Name: _____ DOB: _____

Address: _____ City, State, Zip _____

Phone: _____

Email Address: _____

Please specify what funds are requested for:

- Conference (in Florida)
- Training (in Florida)
- Other (in Florida)

Name of Event: _____

Date(s) of Event: _____ Total Amount Requested: \$ _____

Expenditures for Event/Activity Requested: (please attach flyer or program agenda)

- Hotel
- Registration Fee
- Meals
- Transportation
- Child Care
- Educational Materials

(Mileage and meals reimbursed at current state rate)

How do you plan to use the information you receive from attending this activity/event?

Alternative Funding Efforts: _____

Requester's Signature _____ Requester's Social Security # _____

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FOR OFFICE USE ONLY

Approved Amount Not To Exceed: \$ _____

Denied Reason: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Send Request To: Paula Keyser, Early Steps #7470 – 480 7TH Avenue South – St. Petersburg, FL 33701

Fax # (727) 767-4715 or scanned via email paula.keyser@allkids.org

(Request Must Be Received 30 Days Prior to Event. If Approved, Receipts and Proof of Attendance Must Be Submitted For Payment)