|  |
| --- |
| **To be completed by the requesting office** |
| **Program Office:** |  |
| **Event Name:** |  |
| **Date(s):** |  | **Location(s):**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AVAILABLE AUTHORITY** | State Funds | Federal Funds | ESSER Funds | OPD Verification |
| **Original Authority Amount** |  |  |  |  |
| **Current Contract Authority Amount (per RESA spreadsheet):** |  |  |  |   |
| **Cost Proposal Amount (per NMEC):** |  |  |  |   |
| **Difference Contract Authority vs Cost Proposal Amount (Deficit)/Excess:** |  |  |  |   |
| **Contract Authority Line Item to use for this event:**  |  | **Cost Center:**  |  |

**Are proposed costs within the approved contract authority amount as per the RESA contract spreadsheet?**

🞎Yes. If yes, and sign certification statement below and submit NMEC Cost Proposal and requisition to the Office of Professional Development for approval.

🞎 No. If no, do not submit RESA packet to the Office of Professional Development as there is not sufficient contract authority to proceed with the event.

*I certify that this event was planned as part of the RESA contract authority, and the proposed costs included in the attached NMEC cost proposal do not exceed the amount and funding source authorized per the RESA contract spreadsheet.*

*Program Office Budget Signature* *Date*

*Director Signature* *Date*

**To be completed by the Office of Professional development:**

|  |  |  |  |
| --- | --- | --- | --- |
| Request #  | Date Received:  | Date in Trumba:  |  |

🞏 Approved

🞎 Disapproved

🞎 Approved with marked changes

*Director of Professional Development Date*

**COMMENTS:**