Complete this form, where applicable, to request facilitation for events through a RESA(s).

Upon completion of this form (at least four weeks prior to the event), email to [Office of Professional Development](mailto:pdservices@mdek12.org) (OPD) for location approval. Once approved, OPD will email the form to [Susan Scott](mailto:Susan%20Scott), North Mississippi Education Consortium (NMEC) and copy the program office. NMEC will return the cost proposal to the program office as soon as possible following facility confirmation, but no later than two weeks following receipt of the Facilitation Request Form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **REQUESTING OFFICE CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Program office:** | |  | | | | | | | | | | | | | | | | | | |
| **­­­­­­­­­­­­­­­­­­­­­­­­­­­­**  **[Contact name](#contactname" \o "This is the person in the program office who is in charge of the event.----------------------):** | |  | | | | | | | | **Phone:** | |  | | **E-mail:** | | | |  | | |
| **Approving Official Signature:** | | | | | | | | |  | | | | | **Date:** | | | |  | | |
| **[OPD Location Approval Signature](#OPDapproval" \o "OPD MUST approve the location options before the request is sent to NMEC.-----------------------------------------------):** | | | | | | | | |  | | | | | **Date:** | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **EVENT INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Event name:** |  | | | | | | | | | | | | | | | | | | | |
| **Detailed Description:** |  | | | | | | | | | | | | | | | | | | | |
| **Event date(s) and time(s):** | | | | | | |  | | | | | | | | **Registration cut-off date:** | | | |  | |
| **Type of Support: Face-to-Face  Virtual** | | | | | | | | | | | | | | | | | | | | |
| **Targeted participants:** | | | | |  | | | | | | | | **Expected number of participants:** | | | | | | | |
| **Expected number of MDE staff (including presenters, contractors, etc.):** | | | | | | | | | | | | | | | | | | | | |
| **Additional information:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **FACE-TO-FACE FACILITATION** | | | | | | | | | | | | | | | | | | | | |
| **Secure facility/location?** | | | | | | **Yes**  **No** | | | | | | | | | | | | | | |
| **Facility/location:** | | | **1st Choice:** | | | | |  | | | | | | | | | | | | |
|  | | | **2nd Choice:** | | | | |  | | | | | | | | | | | | |
| **Room layout:** | | | **Classroom** (rows)  **Theatre** | | | | | | | | **U-shape**  **Banquet** (groups) | | | | | | **Breakout rooms**  **Other:** | | | | |
| **Type of Support:** | | | **Registration**  **Confirmation to participants**  **Name Tags**  **Promotion tasks** | | | | | | | | **Evaluations**  Use standard [MDE evaluation form](https://districtaccess.mde.k12.ms.us/RESA/RESA/Evaluation%20Forms/MDE%20RESA%20Evaluation.docx)  Program office will provide evaluation forms on-site | | | | | | **Handle CEUs/SEMIs**  **Signs posted directing participants to meeting room**  **Audio/Visual assistance**  (ex. relocating microphones)  **Other:** | | | | |
| **Additional information:** | | | | | | | | | | | | | | | | | | | | |
| **[Confirmation Email Wording](#ConfirmationEmailWording" \o "This is the email the program office wants sent out to the participants who register.---------------------------------------------):** | | | | | | | | | | | | | | | | | | | | |
| **VIRTUAL FACILITATION** | | | | | | | | | | | | | | | | | | | |
| **Type of Support** | | | | **Webinar**  **Virtual Professional Development**  **Virtual PLCs**  **Virtual Conference** | | | | | | | | | | | | | | | |
| **Secure Zoom Access?** | | | | **Yes  No**  **If yes, do you want the session recorded?**  **If no, provide the name and email of the person providing this information** | | | | | | | | | | | | | | | |
| **Zoom Application Requirements:** | | | | **If RESA is providing the Zoom, please indicate which settings need to be selected upon scheduling the meeting**  **Registration** Required  **Security** Passcode Waiting Room  **Video** Host on  off  Participant on  off    **Audio** Telephone  Computer Audio  Both  **Meeting Options**  Enable join before host  Mute participants upon entry  Only authenticated users can join  Breakout Room pre-assign  Record the meeting automatically  **Additional Information:** | | | | | | | | | | | | | | | |
| **Facilitation categories:** | | | | **Registration**  **Confirmation to participants**  **Facilitator**  **Promotion Tasks** | | | | | | | **Evaluations**  Use standard [MDE evaluation form](https://districtaccess.mde.k12.ms.us/RESA/RESA/Evaluation%20Forms/MDE%20RESA%20Evaluation.docx)  Program office will   provide evaluation   forms online | | | | | **Handle CEUs/SEMIs**  **Audio/Visual assistance**  (ex. relocating microphones around the room)  **Other:** | | | |
| **Additional information:** | | | | | | | | | | | | | | | | | | | |
| **Confirmation Email Wording:** | | | | | | | | | | | | | | | | | | | |

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| **WORKSHOP MATERIALS, PRINTING, AND DUPLICATION (If provided by the RESA)** | |
| **Note pads**  **Pens**  **Other:** | **Printing**  **Duplication**  **Shipping of materials**  **Electronic Upload of Materials** |
| **Additional information:** | |

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| --- | --- | --- | --- |
| **AUDIO/VISUAL** | | | |
| **Podium with microphone** | **Quantity:** | **LCD projector/screen** | **Quantity:** |
| **Audience microphone** | **Quantity:** | **Laptop** | **Quantity:** |
| **Lapel microphone** | **Quantity:** | **Computer/laptop sound projected through house sound system** | |
| **Headset microphone** | **Quantity:** | **Internet access - presenter** | **DVD player** |
| **Other:** | | **Internet access - audience** |  |
| **Additional information:** | | | |

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| **FOOD AND BEVERAGE: Federal Funds may not pay for food, refreshments, water or snacks. Any refreshments provided at an event using federal funds must be paid for using non-Federal RESA funds.** | | | |
| **Refreshments:** | **Morning and Afternoon**  Note: Morning refreshments will include water, coffee, and soft drinks | | |
| **Vendor/Caterer:** | | | **1st Choice:**       **2nd Choice:** |
| **Additional information:** | | | |
|  | | | |
| **CEU/SEMI CREDITS (applied for by RESAs)** | | | |
| **Request for CEU credits:** | | **Yes**  **No Number of credits:** | |
| **Request for SEMI credits:** | | **Yes  No Number of credits:** | |
| **Trainer(s) name and title:** (trainer fees paid by MDE) | |  | |
| **Trainer(s) Biographical Sketch Attached:**  **Yes  No** | | | |
| **Timed Agenda Attached:  Yes  No** | | | |
| **Number of Contact Hours of Instruction:** | | | |
| **Additional information:** | | | |