



# Grant Special Expense Pre-Approval Form

## Conference, Training, Travel, Meeting, and Food/Beverage Expenses

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### Instructions

Expenses must be pre-approved for all State of Minnesota Department of Public Safety, division of Emergency Communication Networks (ECN) grants. Expenses related to food, beverage, training, exercise, conferences, and travel must be pre-approved before expenses are incurred. Expenses must be related to the grant-funded activity and costs for provided food and beverages must be reasonable. Grant-funded food and beverages are not allowed during amusement/social events or where alcohol is served. Travel expenses related to mileage, meals, and lodging will be reimbursed based on the Commissioner's Plan:

<https://www.mmd.admin.state.mn.us/commissionersplan.htm>

Email supporting documents (in the form of an agenda, event summary, course syllabus, etc.) and the completed form to Rebecca Roberts, ECN Grant Coordinator: [Rebecca.m.roberts@state.mn.us](mailto:Rebecca.m.roberts@state.mn.us)

### Requestor and Grant Information

Request date: \_\_\_\_\_

Purpose:     \_\_\_ Training     \_\_\_ Exercise     \_\_\_ Conference/Workshop     \_\_\_ Meeting     \_\_\_ Other

Requesting agency: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Grant program/year: \_\_\_\_\_

Grant number: \_\_\_\_\_

### Event Information

Event name: \_\_\_\_\_

Event sponsor: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Location: \_\_\_\_\_

Description, including the event purpose, scope, and objectives:

Target audience, number and role of anticipated attendees, or names and titles of participants (if known):

Attendance justification:

**Estimated Costs**

Estimated costs include any of the following items – airfare, mileage, rental cars, lodging, meals, and registration fees. Additional costs may be included in this form and will be considered alongside supporting documentation.

Expense Description	Quantity	Unit Cost	Total
<b>Total Estimated Cost:</b>	N/A	N/A	

**ECN Approval**

\_\_\_ Approve \_\_\_ Deny

Comments:

Approver: \_\_\_\_\_ Approval date: \_\_\_\_\_