



# LEGACY PREP

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## Consultant Funding Request

Funding Request Plan for Consultant Paid with Title Funds (Please ensure the consultant is an approved Vendor)

Date: \_\_\_\_\_ Date

Amount Requested: \_\_\_\_\_

Consultant: \_\_\_\_\_

Consultant Contact Information: *Address, Email, & Phone Number*

Is this a LP Approved Vendor: Select

Identify the part of your ACIP the consultant will support (list the goal/action step):

An explanation linking the expenditure of funds to the part of your ACIP being supported (list the expected outcomes):

Timeline (expected start to end): Date to Date

Measurable Outcomes (academic or behavioral benefits):

Principal's Signature: \_\_\_\_\_ Date