

**Archdiocese of Louisville -- OLFE
FORM C
(Funding Request for Consultant/s)**

| | |
|--------------------------------------|--|
| Name of Workshop | _____ |
| Date of workshop | _____ |
| Brief description of workshop | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |

| | |
|---|--|
| Consultant's/Presenter's Name | _____ |
| Company Name (if applicable) | _____ |
| Address | _____ |
| City, State, Zip | _____ |
| Consultant's Fee (It is RECOMMENDED to have an all-inclusive fee with expenses figured into fee.) | \$ <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div> |

Amount your school/region is willing to contribute to fund this activity. Please explain.

| | |
|--------------------------|-----------------------------|
| Intended Audience | Please check all that apply |
| Administrators | _____ |
| Teachers | _____ |
| Counselors | _____ |
| Other | _____ |
| (Please specify) | |