

Professional Development Activity Funding Request Application

Please read the attached Information Sheet before completing and submitting this form.

Faculty: Please discuss any substitute needs with your Dean of Instruction.

Attendee and Activity Information

Date:

Attendee Name:

Position (Classified Staff, Full-time Faculty, Part-time Faculty, or Management):

Department/Division:

Name of Activity and Organization/Sponsor:

Link to Activity Website:

Location:

Activity Date(s):

Have you sought any other co-sponsorship (other internal and/or external funding)? If yes, list **source** and total **dollar amount**:

Estimated Costs

Registration	\$	Airport Parking	\$	Hotel Parking	\$
Air Travel or Mileage (57.5 cents/mile)	\$	Ground Transportation	\$	Incidentals	\$
Hotel (tax. Included)	\$	Meals (\$75/day maximum)	\$	Total Costs	\$

Justification for Funding Request

Select the categories of professional development that best support your request (check all that apply):

- ☐ Improvement of teaching
- ☐ Retraining to meet changing institutional needs
- ☐ Computer and technological proficiency programs
- ☐ Maintenance of current academic/technical knowledge & skills
- ☐ In-service training for vocational education and employment preparation programs
- ☐ Development of innovations in instructional and administrative techniques & program effectiveness
- ☐ Courses and training implementing equity minded practices
- ☐ Other activities determined to be related to educational and professional development

Briefly describe the objective of the activity and how it will benefit you and the work you do for the college. If this activity aligns with the objectives of any special programs, grants, or plans (e.g., Equity, AB 705, Guided Pathways, STEM, etc.) please explain:

How do you plan to share the information gained from the activity to your department/division? See "Dissemination Plan Ideas" document for ways to disseminate information and check all that apply.

- ☐ Develop a Flex day activity
- ☐ Facilitate a conversation
- ☐ Provide adjunct training
- ☐ Develop professional learning materials
- ☐ Host a Workshop or "Brown Bag" discussion
- ☐ Change something in your classroom
- ☐ Share at a department meeting
- ☐ Other

Briefly explain your selection above:

Has the need for this request been submitted through Program Review? (Note: This is only for record keeping purposes)

Is there anything else you would like to add?

Submitting an activity request form indicates the person receiving funding has read, understands and agrees to the conditions for Professional Development (PD) funding explained in the District travel policy: [Link](#)
Funding must be approved prior to travel. To be considered for funding, the application must be submitted 45 days before the activity for in-state travel and 60 days before the event for out-of-state travel (including travel beyond 500 miles from primary work site).

Please initial here: _____

Please obtain endorsement from Department Chair or Direct Supervisor

REQUIRED SIGNATURES

Department Chair/Supervisor Name and Title	Signature	Date

Submit your application to Desiree Wagner via email, inter-office mail, or drop off in person. eileen.cechini@Norcocollege.edu (951) 738-7751, Office of Instruction