

**NSCMLT PROFESSIONAL DEVELOPMENT COLLABORATIVE GRANT APPLICATION**

**APPLICANT INFORMATION**

Name of Applicant (Event Coordinator):

Current address:

City:	Province:	Postal code:
Fax #	Phone #	Email
Alternate	Phone #	Email

**ORGANIZATION INFORMATION**

Name of Organization:

Current address:

City:	Province:	Postal code:
Has the organization received a NSCMLT grant in the last 3 years? If so provide details.		

**MANAGEMENT SPONSOR**

Name of Approving Management Representative:

Current address:

City:	Province:	Postal code:
Fax #	Phone #	Email
Alternate	Phone #	Email

**PROFESSIONAL DEVELOPMENT EVENT INFORMATION**

Event Title:

Event Location:

Presenter:	Event Date:	
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**ADDITIONAL EVENT INFORMATION**

Briefly describe the event or program, including details about the instructional methods that will be used.

Who from your organization will participate in this event and what is the potential impact on professional development for your participants and for your organization?

What are the specific objectives of the event?

Will you partner with any other organizations or outside agencies for funding this Event?  
If yes, please indicate the organization and the nature of the partnership.

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How many participants can your event accommodate?

How will you invite other NSCMLT members to your event?

**EVENT BUDGET**

Expenses shall be supported with receipts when the event occurs.

<b>Revenue</b>		
	Vendor donations	
	Registration from members	
	Requested NSCMLT Grant	
	TOTAL	\$
<b>Expenses</b>		
	Speaker / course fee costs	
	Room rental	
	AV rental	
	Nutrition costs (i.e. lunch break)	
	Other Costs (List details and amounts)	
	TOTAL	\$

**SIGNATURES**

I have reviewed the information above and understand that if a PD grant is awarded, reimbursement will only be paid to cover eligible documented, itemized expenses that can be supported with receipts, not to exceed the approved award amount.

Signature of applicant:	Date:
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I have reviewed the information above and acknowledge the described event will proceed if awarded a PD grant.

Signature of Management Sponsor:	Date:
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**NSCMLT Office Use ONLY**

Date Received in NSCMLT Office:	Date Eligibility Checked:
Date reviewed:	Grant Approved / Declined
Amount Awarded:	Applicant Notified:
Proof of payment:	Date grant paid to Applicant Amount: