

SLCC CTE Perkins Professional Development Proposal

Grant Period July 1, 2024 – June 30, 2025 (FY25)

Name/Title of Applicant	
Email Address	
Department	
Training/Conference Title	
Link to Conference or Training	
Dates of Conference or Training	
Training/Conference Location	

Have you participated in this conference in the previous fiscal year? _____

If so, how was it funded? _____

Total Amount Requested: _____

Check one:

Full-time Faculty Full-time Staff Part-time/Adjunct

Professional Development Category

Certification/Licensure Review and/or Exam

Industry-related Conference

Student Support/Learning/Retention Conference

Specialized Short Course

Train-the-Trainer

Industry Internship (travel or materials only)

Signatures confirm that application is complete and meets the priorities of Carl Perkins funding, and the priorities of the program. Signatures also acknowledge that no expenditures may be made prior to the CTE office generating an SLCC Travel Number. Each submission must include all required signatures. For questions, please email carlperkins@slcc.edu.

Signatures

Faculty Applicant

Date

Associate Dean/Assistant Director/Director

Date

Dean/Director/AVP

Date

Budget

All travel must comply with the [SLCC Travel Reimbursement Policy](#) (Please read thoroughly). You must include a quote from SLCC's contracted travel agency, [Corporate Travel Planners \(CTP\)](#) for airfare, as well as a quote for the conference, hotel, and/or car rental expenses (if needed). If you need assistance, please email carlperkins@slcc.edu for support in obtaining quotes.

Item	Description	Amount
Conference or Registration Fee**		
Certification Exam Fee**		
Materials Fee**		
Airfare**		
Mileage		
Lodging** (include cost/night, # of nights)		
Meal per diem (review per diem guidelines)		
Car rental**		
Other (shuttle, Uber, etc. please describe)		
TOTAL REQUESTED BUDGET		

****Budget requested for these items must include a quote for application to be reviewed.**

Description of professional development activity. Detailed description, including courses, exams, or conference purpose; location; vendor or sponsor; and description of timeline for intended outcomes. If you are requesting an internship, please provide site information, company contact information, and other relevant details. (150-250 words)

Anticipated Benefit to Program and College: Describe how the professional development activity would benefit your program and the College. Please be specific. (100-200 words)

Impact on Student learning or student support. Describe how you will implement and share your professional development in the classroom and/or with colleagues (presentation, workshop, new curriculum, new teaching methods, etc. Please provide detailed description). (100-200 words)

Other: Please add any additional clarification about the need for or impact of this professional development.