

## Pre-Activity Requirements

<b>Pre-Activity “To do list”</b>	<b>Done</b>
Read the entire terms of reference. It is the responsibility of the applicant to understand the opportunities available and the restrictions.	
Complete <b>Form A – Application</b> for funding (must be completed prior to activity)	
For Conferences, attach a photocopy of your completed registration form to <b>Form A – Application</b> .	
Send <b>Form A – Application</b> with a copy of the registration form by email, to Allison Ryan (allieryan@gmail.com) It is the <i>responsibility of the applicant</i> to ENSURE that the application has arrived.	
Monitor your email account for a confirmation email. Please note that it may take up to two weeks to approve an application after receipt.	
Notify Allison Ryan if there are any changes to your PD/L activity. (ie, course cancellation, course dates change, inability to attend)	

<b>FORM A</b>	<b>APPLICATION</b>
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NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ F.T.E. (e.g. full time, .5, etc.) \_\_\_\_\_

TYPE OF PD/L REQUESTED - Please select one of the following:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> AQ Course  | <input type="checkbox"/> Conference                      |
| <input type="checkbox"/> ABQ Course | <input type="checkbox"/> Other _____<br>(please specify) |

CONFERENCE/COURSE Name: \_\_\_\_\_

CONFERENCE/COURSE Provider: \_\_\_\_\_

Date(s) of PD/L: \_\_\_\_\_  
(please indicate the START and END dates for course/conference)

Anticipated tuition/registration costs:	\$ _____
Anticipated OTF funding:	\$ _____
Anticipated Board funding:	\$ _____

Signature of Applicant	Date
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Email applications and supporting documents to: [allieryan@gmail.com](mailto:allieryan@gmail.com)

Office Use Only			
Date Received		Registration	
Application #			
Membership Checked		Total Amount Approved	
Previous Funding?			
Registration Form In			

Approval email sent: \_\_\_\_\_ If not approved, Why? : \_\_\_\_\_

## POST-ACTIVITY REQUIREMENTS

**\*\*\*PRIOR APPROVAL MUST HAVE BEEN OBTAINED\*\*\***

Post-Activity "To do list"	Done
Complete and sign <b>Form B-Invoice</b> .	
Submit all <b>official</b> receipts for tuition/registration costs during the-PD/L activity with <b>Form B-Invoice</b> . Credit card statements will not be accepted.	
Write your name on all receipts and include with the <b>Form B-Invoice</b> form.	
<p>A complete package includes:</p> <ul style="list-style-type: none"><li>• Official registration receipts for conference</li><li>• for AQ courses, confirmation of successful completion (transcript/letter)</li><li>• <b>Form B – Invoice</b></li></ul> <p>Send completed package via email to: <u>Allison Ryan</u> at <a href="mailto:allieryan@gmail.com">allieryan@gmail.com</a></p> <p>* This package must be received within three (3) weeks of the PD/L Activity for conferences and within four (4) weeks for AQ courses.</p> <p>(If the PD/L activity took place over the summer months, it must be received no later than the first 3 weeks of school for conferences or no later than the first 6 weeks of school for AQ/ABQ courses) If more time is required, call the Local Office.</p>	

**Failure to submit documents as outlined above may result in the forfeiture of all approved funding.**

<b>FORM B</b>	<b>INVOICE</b>
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Complete and submit this form along with supporting documentation/receipts to [allieryan@gmail.com](mailto:allieryan@gmail.com) within three (3) weeks of the PD/L Activity for conferences and within four (4) weeks for AQ/ABQ courses. If the activity took place over the summer months, it must be received no later than the first 3 weeks of school for conferences or no later than the first 6 weeks of school for AQ courses.

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ F.T.E. (e.g. full time, .5, etc.) \_\_\_\_\_

TYPE OF PD/L Completed - Please select one of the following:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> AQ Course  | <input type="checkbox"/> Conference                      |
| <input type="checkbox"/> ABQ Course | <input type="checkbox"/> Other _____<br>(please specify) |

CONFERENCE/COURSE Name: \_\_\_\_\_

CONFERENCE/COURSE Provider: \_\_\_\_\_

Date(s) of PD/L: \_\_\_\_\_  
(please indicate the START and END dates for course/conference)

REGISTRATION Costs:	\$ _____
Minus OTF reimbursement (if applicable)	\$ _____
Minus any reimbursement from the RCDSB (if applicable)	\$ _____
REIMBURSEMENT Requested (max \$250, cannot exceed total cost of course/conference)	\$ _____

Signature of Applicant	Date
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Email invoices and supporting documents to: [allieryan@gmail.com](mailto:allieryan@gmail.com)

Office Use Only	
Reimbursement to Member	
Total Cost to Fund	
Signature of President/Treasurer	