

# PROFESSIONAL DEVELOPMENT INSTITUTE PROPOSAL FORM

**1. Title of Project:**

**District:**

**Suggested Dates to Hold Work Study group:**

**Submitted by:**

**School/Position:**

**Intended Grade Level/Audience:**

**Minimum/Maximum Number of Participants:**

**Timeline of activities:**

**2. The “Art of Successful Grant Writing” Goals –**

Goals	Objectives	DIP Aliment	Projected Outcomes

**3. Professional Development Being Met:**

**4. & 5. Timeline and Syllabus**

*Day 1 -*

*Day 2 -*

**6. 50 Word Description:**

**7. Resume attached.**

**8. Number of Contact Hours with Participants:** The facilitator will be with the participants for 15 Contact Hours.

Participants will receive 15 PDP's or 1 college credit to be applied towards their teacher salary increment.
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**9. Proposed Product:**

**10. Budget Request:**

**Title: of Institute:**

**Date on which Institute will begin:**

**Number of participants:**

**Vendor Name:**

**Complete/Current Vendor Address:**

**Vendor Telephone#:**

**Vendor Fax:**

**Catalog Date: (year?)**

Page	Item #	Description	Price Per Unit	Quantity	Shipping	Total Price
	<b>TOTAL</b>					

**FLYER TO BE DEVELOPED IF INSTITUTE IS APPROVED**