**CONFERENCE GRANT APPLICATION**

***(For In-Maritime Province and Out -of Maritime-Province and On Line Conferences)***

**TCRCE - NSTU/PSAANS Article 60 Professional Development Fund**

**CHECK ONE:**  **IN Maritime PROVINCE OUT OF Maritime PROVINCE** **ONLINE**

Applications may be submitted to the Article 60 PD Committee [article60@tcrce.ca](mailto:article60@tcrce.ca) OR send via School Mail to Regional Office: 79 Water Street, Yarmouth

* Refer to **Article 60 PD Committee Guidelines** for more information: [Article 60 Guidelines](https://www.tcrce.ca/wp-content/websitefiles/Article%2060%20Committee/Article%2060%20Guidelines-Updated%20Oct.%2021%2C%202019.pdf?_t=1571683597)

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| --- | --- | --- |
| **Month** | **Application Review Submission Dates** | **Committee Review Dates** |
| September-June *(Excluding June / December)* | By the 3rd Tuesday of the month | Meeting date on 4th Tuesday of the month |
| December and June | By the 2nd Tuesday of the month | Meeting date on the 3rd Tuesday of the month |

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| **Completed Application Due** | **Reimbursement Date** | **Required Documents** |
| September 8, 2022 | Thursday October 13, 2022 | * Completed Application with Proof of Attendance * Original Receipts |
| November 1, 2022 | Thursday December 8, 2022 |
| April 25, 2023 | Thursday May 25, 2023 |

* Maximum reimbursement for **In Maritime Province Conference** is **$2000** *(subject to prorating)*
* Maximum reimbursement for **Out of Maritime Province Conference is $3000** *(subject to prorating)*
  + Members are limited to one (1) Out of Maritime Province Conference per Fiscal Year
* Maximum reimbursement for **On-Line Conference** is **$1500** *(subject to prorating)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract: (Permanent/Probationary/Term): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFERENCE INFORMATION:

Conference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Substitute Days Required \_\_\_\_\_\_\_\_\_\_\_

THIS APPLICATION MUST INCLUDE THE FOLLOWING:

CONFERENCE AGENDA OR ITINERARY

*DETAILED* LETTER outlining how the conference relates to one or more of your PGP, SIP, PSP or SSP (See Guidelines for details)

ANTICIPATED COSTS (*Please attach a list* of anticipated costs)

ALL REQUIRED SIGNATURES

Applicant’s Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: Denied:

(If supervisor does not support application, please attached a letter explaining why not)

OCTOBER CONFERENCE-Supervisors MUST approve October Provincial Conference–does not have to go through the PD Committee

Regional Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: Denied:

Professional Development Committee: Approved: Denied: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

**See next PAGE 2 MUST be completed and submitted with Receipts AFTER you have attended the Conference**

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| --- | --- | --- |
| ***ADMINISTRATIVE USE ONLY*** | ***Approved Final Amount to be Paid*** | **$** |

**Revised June 1-22/GAR**

**Conference Expenses Reconciliation Sheet**

**This Page MUST be completed and submitted with Receipts AFTER you have attended the Conference**

**Accommodation (Receipts Required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hotel Name** | **OR**  **Stay with**  **Family/Friends** | **DATE**  **(Claim EACH Night Separately)** | **PARKING Fees**  **(If incl in Hotel Fee)-**  **(Receipt Required)**  **Max $25/Day** | **Total $$ Claimed**  **Hotel-Ma$250/Night**  **Other- Max $25/Night** | **ADMINISTRATIVE USE ONLY** |
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**Meals (No Receipts Required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Breakfast - $15**  **Check** | **Lunch -$20**  **Check** | **Supper -$30**  **Check** | **TOTAL** | **ADMINISTRATIVE USE ONLY** |
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**Travel (By Vehicle)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Starting Point Address** | **Destination Address** | **KM’s Claimed - RETURN** | **Regional Rate**  **(TBD Subject to Change)** | **Total $$ Claimed** | **ADMINISTRATIVE USE ONLY** |
|  |  |  | **0.5113** |  |  |
|  |  |  |  |  |  |

**Parking – Other Than Hotel (Receipts Required)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Amount Claimed ($25/Day MAX)** | **ADMINISTRATIVE USE ONLY** |
|  |  |  |
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**Airfare (If Applicable)-(Receipts Required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Airline Name** | **Destination** | **Date of Departure** | **Return Date** | **Total Airfare Claimed** | **ADMINISTRATIVE USE ONLY** |
|  |  |  |  |  |  |
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**Conference Registration Fees (Receipts Required)**

|  |  |  |
| --- | --- | --- |
| **Conference Dates** | **Amount Claimed** | **ADMINISTRATIVE USE ONLY** |
|  |  |  |

**OTHER**

|  |  |  |
| --- | --- | --- |
|  | **Amount Claimed** | **ADMINISTRATIVE USE ONLY** |
|  |  |  |

***TOTAL $$ CLAIM REQUESTED by Member: $ \_\_\_\_\_\_\_\_\_\_\_\_\_***

***FOR ADMINISTRATIVE USE ONLY:***

***Sub Total: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Prorated (if required) @ \_\_\_\_\_\_\_\_%***

***Approved FINAL Amount to be Paid*: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**