

# Administrative Request for Funding Form Staff Development Council

Administrator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator School/Office: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Request for \_\_\_\_\_  
(Name self, individual(s), or group.)

Purpose for funding: (Please be specific with all pertinent information, i.e. session name, purpose, presenter, conference, event, etc.)

---

---

---

---

How will this request benefit the recipient(s)? How it will ultimately meet student needs? \_\_\_\_\_

---

---

---

---

How will the information gained be used and/or disseminated? \_\_\_\_\_

---

**Total Amount Requested:** \$ \_\_\_\_\_  
*Please breakdown the amount requested*

Materials \$ \_\_\_\_\_ Presenter \$ \_\_\_\_\_

Stipend \$ \_\_\_\_\_ Substitute \$ \_\_\_\_\_

Substitute \$ \_\_\_\_\_ Travel \$ \_\_\_\_\_

Other (Explain) \$ \_\_\_\_\_

Does this request supplement other funding currently in place? (i.e. PLC, RTI, Benedum) \_\_\_\_\_

Additional Funding Sources: \_\_\_\_\_ Amount: \_\_\_\_\_

**SUBMIT REQUEST TO: PROFESSIONAL STAFF DEVELOPMENT @ Harrison County Board of Education**

**For Staff Development Council Use Only**

Date Proposal Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Total Cost to be Paid \$ \_\_\_\_\_

Not Approved: \_\_\_\_\_ Further Information Needed: \_\_\_\_\_