|  |  |
| --- | --- |
| **Applicant Name:** | Click or tap here to enter text. |
| **Projected Start Date to Use Funds:** | Click or tap to enter a date. |
| **Projected End Date to Use Funds:** | Click or tap to enter a date. |

Provide a description about the fiscal expense(s) affiliated with the proposed professional development activity(ies) listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Amount of Funds Requested ($XX.XX)** | **Category** | **Justification Statement** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| **Total Amount of Funds Needed for Professional Development Activity:** | | Click or tap here to enter text. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **External Funding Source Name** | **Amount of Funds Requested ($XX.XX)** | **Status of External Funding** | **Please provide a description about the funding** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| **Total Amount of External Funds Projected for Professional Development Activity:** | | Click or tap here to enter text. | |