

Date: Contact Person: Email:

Activity: Department: Telephone:

Number of Faculty Involved Shared with CUPE
 If Shared, % Covered by CCFA: Shared with BCGEU
 Shared with Exempt
 Shared with Community Partner

Amount Requested
 (If this is a shared activity, this will be calculated based on the CCFA share indicated.)

Rationale: Please ensure that your rationale **includes the following:** (If you need more space, please attach a separate sheet.)

- A detailed description of the activity, its value to the College, and its value to the faculty members participating.
- An outline of cost saving measures taken and relevance to professional development.
- Please attach Supporting documents: brochures, fees, web site printouts, etc.

PLEASE INCLUDE ALL APPLICABLE TAXES IN YOUR CALCULATION AND CONVERT ALL CURRENCIES TO CANADIAN FUNDS.

Facilitator/Presenter/Course Fees:

Hotel Nights: @

Meals: @

Transportation:

Other expenses:

Total Cost

Applicant's Signature:

Dean/Director's Signature:

CCFA Use Only

PD # _____ Committee Signatures _____

Meeting Date _____