

**BETHESDA-CHEVY CHASE HIGH SCHOOL
EDUCATIONAL FOUNDATION**

APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDS

Important: All required approvals must be obtained prior to registration or other commitment to the Professional Development Program. If prior approval is not obtained, expenses may not be reimbursed.

The Bethesda-Chevy Chase High School Educational Foundation (the Foundation) has made funds available through the B-CC High School Principal, for Professional Development for faculty and staff of B-CC High School. An application for Professional Development funds can be made at any time during the school year, and is submitted to the Principal. Applications and related forms are available on the Foundation's website at <http://bccedfoundation.org> and in the Principal's Office.

1. Application

The Foundation's **Application for Professional Development Funds** must be completed and signed by the teacher/staff and approved and signed by the applicable Resource Teacher.

The request must include the **Statement of Expenses** showing all estimated expenses. If funds are requested for out of area travel, the completed **MCPS Form 281-1** (Request / Accounting for Out of Area Travel Funds) showing estimated expenses, must be included.

The completed application is to be submitted to the Principal, B-CC High School for approval.

After approval of an application by the Principal, the applicant must provide a copy of the approved application, showing the Principal's approval signature,

- (i) to Mr. Luis Carias, B-CC High School Business Administrator, in the B-CC High School Business Office, and
- (ii) to the Foundation's Grant Administrator, by email to bcchsedfoundation@gmail.com or by placing a copy in the Foundation's mailbox at B-CC High School. (If the approved application is placed in the Foundation's mailbox, please send an email to the Grant Administrator to let him or her know.)

2. Reimbursement of Expenses

A copy of the completed **Statement of Expenses**, with actual expenses and substantiation, including receipts, must be submitted for reimbursement. Be sure to follow all instructions on the form.

The completed Statement of Expenses, showing actual expenses incurred and paid, must be submitted to the B-CC High School Business Office within thirty (30) days following completion of the program for which reimbursement is sought. Failure to submit within the thirty (30) days may result in denial of reimbursement.

3. Report

A report describing the conference or program and the benefit to the grant award recipient, students and other teachers is required to be provided to the Foundation's Grant Administrator **within 30 days following completion of the program.** The report may be submitted by email to bcchsedfoundation@gmail.com or by placing a copy in the Foundation's mailbox at B-CC High School. If the report is placed in the Foundation's mailbox, please send an email to the Grant Administrator to let him or her know.

If you have any questions, you may contact Joan Black in the B-CC High School Principal's Office or the Foundation's Grant Administrator at bcchsedfoundation@gmail.com.

School Year: _____

File Number: _____

The File Number will be assigned
by the Foundation.

**BETHESDA-CHEVY CHASE HIGH SCHOOL
APPLICATION FOR
PROFESSIONAL DEVELOPMENT FUNDS**

The completed application, signed by the teacher and approved and signed by the Resource Teacher, is to be submitted to the Principal, B-CC High School.

Upon approval of an application by the Principal, the applicant must provide a copy of the approved application, showing the Principal's approval signature,

(i) to Mr. Luis Carias, B-CC High School Business Administrator, in the B-CC High School Business Office, and

(ii) to the Foundation's Grant Administrator, by email to bcchsedfoundation@gmail.com or by placing a copy in the Foundation's mailbox at B-CC High School. (If the approved application is placed in the Foundation's mailbox, please send an email to the Grant Administrator to let him or her know.)

Teacher/Staff Name: _____

Department: _____

Resource Teacher Name: _____

Name of Program/Activity: _____

Date(s) of Program/Activity: _____

Sponsor of Program/Activity: _____

Location of Program/Activity: _____

Total Amount of Funding Requested (see attachment): \$ _____

The completed Statement of Expenses, showing estimated expenses, must be attached.

Description of Program/Activity and Benefits (use attachments if helpful): _____

Signature and Approvals:

Applicant – By signing this application, I certify that this application, including the attached Statement of Expenses showing estimated expenses, is complete and accurate in all material respects.

Teacher/Staff: _____ Date: _____

Approved:
Resource Teacher: _____ Date: _____

Principal: _____ Date: _____

School Year: _____
 File Number: _____

**BETHESDA-CHEVY CHASE HIGH SCHOOL EDUCATIONAL FOUNDATION
 APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDS
 STATEMENT OF EXPENSES**

Application for Professional Development Funds: This form must be completed, showing estimated expenses, and included with the Application. (The "Actual Expenses" column is to be completed after the program, when reimbursement is requested. Instructions for reimbursement are below.)

Name: _____

Program Information

Program Name	Date(s)	Sponsor	Location

Expenses

Expenses from MCPS Form 281-1	Estimated \$	Actual \$
If funds are requested for out of area travel, please attach MCPS Form 281-1 (Request/Accounting for Out of Area Travel Funds) showing the out of area travel expenses. Total Expenses from Form 281-1:	\$	\$
Expenses Not Included on MCPS Form 281-1		
Registration Fee:	\$	\$
Transportation (itemize):	\$	\$
Meals (itemize):	\$	\$
Other expenses (itemize):	\$	\$
Total Estimated Expenses	\$	\$

To Request Reimbursement of Professional Development Expenses: This form must be completed, signed and certified, and dated, showing the actual expenses incurred and paid, and submitted to the B-CC High School Business Office **within 30 days following completion of the approved program** to apply for reimbursement of actual expenses incurred. **Substantiation and receipts must be attached!**

Please prepare an original and two printed or digital copies of the completed form, including all attachments. Submit all original documents to the Business Office for review and payment. Provide one complete copy to the Foundation's Grant Administrator, by email to bcchsedfoundation@gmail.com (with "Professional Development Reimbursement Request" in the subject line) or by leaving a copy in the Foundation's mailbox at B-CC High School. (If a copy is left in the Foundation's mailbox, please send an email to the Grant Administrator to let him or her know.) Please also keep a copy for your records.

Failure to submit the Request for Reimbursement within 30 days following completion of the program may result in denial of your reimbursement.

NOTE: If actual expenses exceed the approved estimated expenses, the Principal's written approval of the actual amounts is required for reimbursement.

TO BE SIGNED WHEN THE STATEMENT OF EXPENSES IS SUBMITTED SHOWING ACTUAL EXPENSES FOR REIMBURSEMENT: I certify that the above statement of actual expenses incurred and paid by me is complete and accurate in all respects.

 Signature of Teacher/Staff Member

 Date Submitted