

Evaluation: Completely describe methods used to evaluate success of program. Note: Evaluation should clearly relate to goal(s) and objectives. Attach evaluation instrument.

_____ Our evaluation instrument is the RPDC form.

_____ Evaluation also included these methods:

Extension provisions for professional development: Briefly explain activities and how they will be conducted.

BUDGET NARRATIVE

Include a brief narrative description of the proposed expenditures. Be as specific as possible.

The narrative section should include, but is not limited to:

A.	Mileage:	Approximate number of miles per person and the purpose of travel. Utilize federal rate.
B.	Supplies:	Types of supplies, quantities, and the intended use(s) of supplies (educational supplies must be related to project training applications, and/or may be used for refreshments).
C.	Purchased Services:	Outside presenters (committee fills out inservice requisition form for each presenter).
D.	Other:	Please specify.

Narrative

A.	
B.	
C.	
D.	

Budget

A.	Mileage:	\$
B.	Supplies:	\$
C.	Purchased Services:	\$
D.	Other:	\$
	Total:	\$

NOTE: After approval of this application, requisitions must be sent to the West Central RPDC so a purchase order can be written and sent to the appropriate vendor or agency. No bills will be paid until the services are rendered and an invoice is submitted to the Center.

Subregion Committee Signatures (Chairs required): If Committee member is a presenter, please have another member sign.

(Chair)

**IN-SERVICE REQUISITION FORM
(1 Per Presenter)**

ISSUE A PRESENTER AGREEMENT:		
Speaker's Name:		
Street Address:		
City, State, Zip:		
Telephone:		
Length of Presentation Time:		
ESTIMATED COSTS:		
A. Consultant Fee		\$
B. Lodging (Documented)	\$	
C. Travel: Mileage (\$.36/mile)	\$	
D. Documented expenses (air fare, taxi, car rental)	\$	
E. Meals (documented)	\$	
F. Total Expenses (B-E)		\$
CONTRACT AMOUNT ALL EXPENSES (A + F)		\$

Approved by:

Director

Date

Executive Board Chairperson

Date



West Central Regional Professional Development Center
 7746 County Road 140
 Findlay, OH 45840
 Phone: 419-424-7499
 Fax: 419-424-7000
 Email: RP_Director@noacsc.org

PRESENTER AGREEMENT

I, _____ agree to provide the West Central Regional Professional Development Center with presenter services as identified.

\$ _____ Cost of Service/s (Plus expenses).
 (If additional expenses are included, please complete the RECORD OF PRESENTER EXPENSES listed below.)

IDENTIFIED SERVICE: _____

LOCATION OF SERVICE: _____

Presenter Signature X _____

Mailing Address: _____

Social Security Number: _____

Birth Date: _____



<u>RECORD OF PRESENTER EXPENSES</u>	ESTIMATED COST	ACTUAL COST
Presenter Fee (Number of Hours _____)	\$ _____	\$ _____
Mileage: \$.36 x _____ miles =	\$ _____	\$ _____
Air Fare (Receipt Attached)	\$ _____	\$ _____
Motel Room (Receipt Attached)	\$ _____	\$ _____
Meals – Number _____ (Receipt Attached) (max. \$5 breakfast, \$7 lunch, \$13 dinner)	\$ _____	\$ _____
TOTAL \$	_____	\$ _____

Office Use Only:
 Approval to Pay Consultant:

Submitted By: _____ Date: _____