Customized professional development activity 2016-2017

PART 1 - GRANT APPLICATION

CPCG no.:

APPLICANT ORGANIZATION :

☐ **AQCS section** ☐ **School board** ☐ **Professional commission** ☐ **Other (please specify)**

Name of the organization: _____

Name of person responsible: _____ **First name:** _____

Address: _____

City: _____ **Postal code:** _____

Telephone: _____ **Extension:** _____ **Email:** _____

Date of delivery: _____ **Number of managers expected:** _____

Duration of session: ☐ Half a day ☐ One day **Location of session:** _____

FOR A REQUEST TO BE COMPLETE, YOU MUST INCLUDE THE INFORMATION BELOW
INCOMPLETE REQUESTS WILL BE REJECTED.

NAME OF THE DISTRIBUTING ORGANIZATION : _____

Address: _____

Resource person : _____

***Program theme*:** _____

Description of the activity: _____

(Attach the draft schedule)

_____ _____ _____
Date ***Signature of person responsible*** ***Executive Director's signature***

COMPETENCY AREAS - Indicate the competencies and skills of the *Référentiel* / Guide covered by the activity.

Refer to "Référentiel de compétences des gestionnaires scolaires" / Guide to Managerial Skills for School Executives" for the behaviour indicators.

Strategic Leadership	Management	Team Mobilization	Expertise and Advice
☐ 1. Generate a systemic vision of the issues	☐ 4. Adopt proactive/effective management	☐ 7. Mobilize individuals/groups around the mission and its related challenges	☐ 9. Apply knowledge/competencies
☐ 2. Position yourself strategically	☐ 5. Support/supervise personnel in performing their roles	☐ 8. Encourage cooperation/exchange among school principals/centre directors/service managers	☐ 10. Share expertise/play advisory role in problem solving approach
☐ 3. Create alliances/partnerships	☐ 6. Favour a conflict resolution approach based on effective solutions		

Skills

☐ **Method/Approach** Structuring ☐ **Communication** Processing and dissemination of information ☐ **Interaction-Cooperation** Relationship ☐ **Evaluation-Regulation** Analytical/synthetic ☐ **Ethics** Based on moral sense

See the detailed definitions on p. 11 of "Référentiel de compétences des gestionnaires scolaires " / Guide to Managerial Skills for School Executives."

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AMOUNT FOR SMALL GROUPS
The amount requested, according to the CPCG scales, does not cover the fees and travel expenses of the chosen speaker. Therefore, to facilitate the holding of our activity, for small groups (10 to 15), we request an amount of:
☐ **$1,500 for half a day** ☐ **$3,000 for one day**

AMOUNT FOR REGIONS CONSIDERED TO BE REMOTE
We request additional assistance* to defray a portion of the resource persons' transportation and lodging. ** It should be noted that this additional amount will be granted to the extent the necessary funds are available.*
☐ ***Application for assistance for remote regions $1,000*** [**see Appendix 5**]

The grant is awarded according to the actual number of eligible school managers present and the budget.

PART 2 – REQUEST FOR PAYMENT

***Attach the vouchers (mandatory)*:**

☐ The detailed schedule of the activity (**including the hours**)

☐ **The attendance list signed** by the eligible school managers, indicating the **position held and the service at the school board**.

☐ The vouchers corresponding to the eligible expenses incurred.

- ***The resource persons (fees*, living and travel expenses)***
- ***Room rentals***
- ***Audiovisual equipment***
- ***Printing or recording on USB keys and distribution of the documents necessary for professional development***
- ***Secretarial expenses***
- ***Travel expenses of the members of the organizing committee.***

**** The fees are not applicable to personnel from school boards, associations and government departments.***

Did participants' satisfaction level meet your expectations? ***Yes*** ☐ ***No*** ☐

Unless the AQCS is notified of a change or unless vouchers are submitted within 30 DAYS of performance of the activity, the grant will be released and recovered to respond to other applications.

THE PAYMENT MUST BE MADE OUT TO: _____

Name of addressee: _____ ***Position:*** _____

_____ _____

Date ***Applicant's signature***

PART 3 – RESERVED FOR THE ADMINISTRATION

Number of participants: _____ *X* *1 day* *X* *$80.00* = *Total:* _____

Number of participants: _____ *X* *1/2 day* *X* *$40.00* = *Total:* _____

Amount for small group: _____ *Amount for remote locations:* _____ ***Amount to reimburse:*** _____

Send this form to Elaine Laberge (cpcg@aqcs.ca) no later than November 15, 2016.