

# Central District/State Joint Workshop Application



CD/State Joint Workshop Grants are developed to provide opportunities for states to offer quality professional development workshops in health, physical education, recreation and dance. Central District will share the costs/profits of the workshop with the state. Each year Central District will award up to two \$500.00 workshop grants to help fund professional development opportunities within Central District states. Complete the form below to apply for a Joint Workshop Grant.

## Workshop Criteria

1. All workshops must be completed within one year of receiving the grant.
2. The workshop must have a minimum number of 20 attendees.
3. The workshop must have a minimum \$ 50.00 registration fee.
4. The workshop must be standards based and align with the Central District mission.
5. A complete workshop report must be submitted to the Central District Executive Director within six weeks following the workshop.
6. A workshop marketing plan template must be developed and submitted to the Central District Executive Director at least 12 weeks prior to the scheduled workshop.

The Joint Workshop Grant will be awarded to two applicants/proposals from states within CDAAPERD. Grant proposals must be submitted to the Central District Executive Director (or President in the absence of an ED) for review by the grants committee. Grant recipients will be notified within six weeks of receipt of the grant.

Date of application: \_\_\_\_\_ Grant Amount: \$500.00

State/States applying for the grant: \_\_\_\_\_

Name/Type of Workshop: \_\_\_\_\_

Proposed Workshop Date(s): \_\_\_\_\_

Name of the workshop coordinator: \_\_\_\_\_

Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Web address (if applicable): \_\_\_\_\_

State Executive Director: \_\_\_\_\_

Executive Director contact information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Workshop Goals and Objectives:** Clearly identify the expected benefits to the state & Central District members.

**Alignment with CDAAPERD's Mission** – Briefly describe how the proposed workshop contributes to the achievement of the CDAAPERD's Mission.

**Central District Mission Statement**

The primary mission of the Central District Association of the American Alliance for Health, Physical Education, Recreation and Dance is to support, provide, and promote programs that encourage healthy, active lifestyles.

**Budget Table:** Please identify all projected income and expenses needed to carry out this workshop in the table below.

<b>Proposed Income</b>	<b>Amount</b>	<b>Total</b>
<b>Proposed Expenses</b>		

**Budget Narrative:** Please briefly explain each listed source of income and each expense.

