



Pitt Community College

Title III Grant

Title III Grant Proposed Activity Form

Instructions: This form is to be submitted to the Title III Grant Office 2 months prior to the proposed activity/event. Please submit completed forms to VEW 152.

Name: _____ Position: _____

Phone: _____ Office: _____ Department/Division: _____

Email Address: _____

Date(s) of Activity: _____ Location of Activity: _____

Name of Activity: _____

1. Describe the proposed activity/event:
2. This activity/event contributes to institutional development and relates to the Title III objectives in the following ways:
**The Title III objectives are available on the Title III webpage.*

3. Which grant activity/objective/goal does it support?

4. What is the intended outcome of this activity/event? How will participants utilize and apply what is learned from this activity/event?



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5. Title III funds for activities and events are only being given to people who agree to provide professional development on PCC's campus to faculty and staff. Have you spoken with the Teaching and Learning Director about professional development to schedule when you and/or this activity or event will be providing professional development to campus? Yes _____ No _____
 Tentative Professional Development date: _____

6. Please list all anticipated travel expenses.

If you are requesting funds for bringing a speaker to campus, attach the fee quote to this form.

**Please make sure that anticipated expenses are as close to the expected costs as possible.*

a. Speaking fee:

Session length (hours/day): _____

Session attendee limit: _____

Speaking fee \$ _____

b. Transportation Costs:

Private Vehicle _____ Institutional Vehicle _____

Mileage _____ Mileage Costs \$ _____ Estimated Gas Costs \$ _____

Airfare Costs (including baggage fee) \$ _____ (Non-PCC Rental Vehicle Only)

Other ground transportation (such as parking, rental, taxi, or tolls) _____

c. Lodging Expenses:

Lodging Costs (include hotel/resort fees) \$ _____

d. Meal Expenses for _____ days:

Meal Allowance In-State Costs: \$ _____ x # of Days _____ = \$ _____

Meal Allowance Out-of-State Costs: \$ _____ x # of Days _____ = \$ _____

e. Registration Fee:

Registration Costs: \$ _____

f. Miscellaneous Expenses (list all specific miscellaneous expenses in detail):

a. What is their contact information?

Name(s): _____

Organization: _____

Phone number(s): _____

Email address(es): _____



7. What supplies are needed for this activity/event? Itemize the estimated costs for the supplies that will be needed:

**Please note that Title III Grant funds cannot pay for food and or drinks.*

Item Description	Vendor	Qty.	Cost (with tax)

8. Total Expected Expenses:
Overall total: \$ _____

 Signature of attendee

 Date

 Signature of supervisor

 Date

To be completed by Title III Grant Office:

Approved: Yes _____ No _____

Approval for \$ _____

Director Approval: _____

Date: _____

Vice President Approval: _____

Date: _____