REDONDO BEACH UNIFIED SCHOOL DISTRICT

PAR
(Peer Assistance and Review)

Application for PAR Professional Development Grant

Names of Applicants (Must be at least two individuals); or school(s); and/or grade level(s)/departments(s): ____________________________________________________________

________________________________________________________________________

Work Site(s): ____________________________ Date: __________________________

________________________________________________________________________

Please include the document attached:

• Professional Development Grant Budget

________________________________________________________________________

Site Administrator/Principal Approval: ____________________________ Date ______

Site Administrator/Principal Signature ____________________________

For PAR Panel Use Only

Approved ☐ Amount $ _____________

Denied ☐

Reasons/Notes:
Professional Development Grant Proposal Title: _________________________________

Names of Grant Participants; or school(s); and/or grade level(s)/departments(s): ________

Instructions: Fill in categories in which the group anticipates expending funds.

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>Description</th>
<th>Amount Budgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter(s)- Include Names:</td>
<td>Include presentation topic(s)</td>
<td></td>
</tr>
<tr>
<td>Materials:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release time (Substitutes)</td>
<td># days x $110/day x # participants</td>
<td></td>
</tr>
<tr>
<td>Other :</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For PAR Panel Use Only

Approved ☐     Amount $_______________     Denied ☐

Reasons/Notes:

Signature, Chairperson, PAR Panel: _________________________________