

Continuous Professional Development (CPD) Grant Budget Page

Faculty Name _____

A. Course/Training Fees (please itemize) \$ _____

B. Training Materials (please itemize) \$ _____

C. Travel (please itemize) \$ _____

D. Housing/Living Expenses (please itemize) \$ _____

E. Other (please itemize)

TOTAL (Maximum award \$1,000) \$ _____