



Shenandoah County Public Schools

MOORE EDUCATIONAL TRUST PROFESSIONAL DEVELOPMENT GRANT APPLICATION 2025-2026

Submitted by (Main Contact Person):		
Teacher(s) Participating (List all Recipients):		
(Number of Banquet participants will be allotted for each grant application chosen.)		
<u>Main Contact Person's</u> Home Address:		
City:	State:	Zip Code:
Telephone:	Years Experience in Shenandoah County:	Years Experience Elsewhere:
School:	Position (title):	
Amount of Request:	Date Received at SBO:	
(Please attach the amount justification)	(must be received by 4 p.m., Nov. 10, 2025)	

***Every section of the application must be completed in order to qualify for consideration.**

Principal

Date

(Please note: Application will not be processed without the principal's signature and approval. Upon completion of the application, please submit a hard copy, faxed copy, and/or .PDF copy of the application with the required signatures.)

☐ Previous MTPDG received

Date: _____

Title: _____

Date Approved: _____

Amount Approved: _____

Approved by: _____

Ending Date for Grant: _____

(Money should have been spent or encumbered by this date.)

INSTRUCTIONS

Please respond in detail to the following questions/statements. Attach any material that would provide additional information about the proposal.

I. PROJECT OVERVIEW (Provide a brief overview of your grant proposal (120 words or less.)

II. Describe the major details of your proposal. Include information regarding dates, location, person/organizations involved, travel, etc. as appropriate.

III. State how this activity relates to your current role and what professional growth objectives you hope to achieve.

IV. In what specific ways will your participation in this activity benefit the school division, the students you teach, and your colleagues?

V. BUDGET OUTLINE: Include all budget details and obtain the most accurate figures available.

Shenandoah County Public Schools

Quote Policy

(This applies to SAF and SBO funding)

Quotes are not needed until the item is greater than \$5,000.00

Less than \$5,000.00	Seek best price
\$5,000-\$30,000	3 verbal quotes required; document using the Price Quote Sheet ; send sheet & PO to Finance Department
\$30,001-\$200,000	For any single item/service- four letter quotes required; document on Price Quote Sheet and attach letters; send originals to Finance Department
\$200,001 or greater	Formal bid or proposal required

<u>Budget Item</u> (All purchases from Grant Funding must align with actual items listed below.)	<u>Amount</u>
Travel (Please make sure you include all expected expenses, i.e. airfare, luggage fees, airport parking fee, rental car, rental car insurance, taxi services, public transportation fees, etc.) NOTE: Conference Travel Reimbursement Requests must be submitted along with receipts within 10 days of returning from trip. Meals and Mileage requests must meet SCPS guidelines. Professional Development Forms must be completed and approved prior to trip.	
Mileage (miles @ .45/mile)	
Registration Fee(s)	
Tuition	
Meals	
Lodging	
Supplies (specify):	
Substitute Costs (\$80/day)	
Other (specify):	
TOTAL	\$

Please note: The Grant materials become property of the school in which the applicant is employed at the time of receiving the grant. Should you transfer schools or terminate employment with Shenandoah County Public Schools, the grant materials will remain at the school that administered the grant funds during the purchasing procedures.

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I understand that my application will be reviewed initially by the Moore Educational Trust Professional Development Grant Screening Committee and that those persons accepted as finalists may be requested to participate in an interview before final awards are made.

I understand that if awarded a Moore Educational Trust Professional Development Grant, I will be obligated to continued employment with Shenandoah County Public Schools for two years after the year in which the plan is completed. I agree to repayment of 50% of the grant awarded if I leave Shenandoah County Public Schools before two years*.

***Please note: This applies to anyone who participates in the Professional Development Activity. Please make sure participants know this in advance.**

Signature: _____
(Applicant must sign prior to submitting application)

Date: _____

Please submit application to:

**Jennifer Proctor
Assistant Superintendent of Instruction
SCPS School Board Office
jlproctor@shenandoah.k12.va.us
FAX 540-459-6722**