



# CONTRA COSTA'S PROFESSIONAL DEVELOPMENT PROGRAM FOR AB212 STATE FUNDED PROGRAMS 2009-10



## Center-Based Team Professional Development Grant Application

PLEASE TYPE OR PRINT CLEARLY

Center Name: \_\_\_\_\_

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

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

Center Phone: (\_\_\_\_\_) \_\_\_\_\_ Director Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Director Email: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Primary contact name for this project: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Job Title: \_\_\_\_\_

Total number of staff at program site: \_\_\_\_\_

Number of staff that will participate in the professional development team: \_\_\_\_\_

**Please verify application includes:**

- This cover sheet
- Team Description Form A
- Professional Development Plan Form B
  - 1) Area of Program Need
  - 2) Data/Evidence Used to Identify Area of Need
  - 3) Professional Development Goal/Goals
  - 4) Proposed Team Activities
  - 5) Number of Hours
  - 6) Proposed Timeline or Expected Completion Date
  - 7) Expected Cost
- Narrative Form C
- Proposed Budget Form D
- Environmental Rating Scale scores for each site/program classroom
- Self-review from your most recent DRDP-R

**I approve this team's application and will support its Professional Development Plan.**

**Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application is due by September 30, 2009**  
**Mail or deliver to** (Do not email or fax)  
 Contra Costa County Local Planning Council for Child Care and Development  
 Contra Costa County Office of Education  
 77 Santa Barbara Rd., Pleasant Hill, CA 94523  
 Phone: 925-942-3401 • [www.plan4kids.org](http://www.plan4kids.org)





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## Professional Development Plan (Form B)

Program Name: \_\_\_\_\_

<b>1) Area of Program Need (What you identified as needing improvement)</b>		<b>2) What data or evidence did the team use to identify the area of need?</b>		
		<input type="checkbox"/> DRDP-R Program Action Plan <input type="checkbox"/> ECERS Summary of Findings <input type="checkbox"/> CLASS <input type="checkbox"/> Staff Input <input type="checkbox"/> Other (please define)		
<b>3) Professional Development Goal/Goals (What you want to accomplish)</b>	<b>4) Proposed Team Activities</b>	<b>5) Number of Hours</b>	<b>6) Proposed Timeline or Expected Completion Date</b>	<b>7) Expected Cost</b>



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## Narrative (Form C)

Program Name: \_\_\_\_\_

### Fostering a Professional Learning Team

In narrative form, please describe how your proposed team activities will help to foster peer learning, communication, mutual cooperation, professional development, personal growth, and emotional support for staff.

### Evaluation

Describe the ways in which the team will evaluate and reflect on how effective the activities were in meeting the team's identified needs. How will your team evaluate the overall success of the Center-Based Team Professional Development project or activities?



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### Budget Summary (Form D)

Program Name: \_\_\_\_\_

Grant Request Amount \$ \_\_\_\_\_

Category	Proposed Budget
<b>Salaries (Cost of Substitutes)</b>	
Number of sub days	
<b>Supplies (List)</b>	
<b>Travel and Conferences (List)</b>	
<b>Contracted Services (List)</b>	
<b>Other (List)</b>	
<b>Total</b>	