



Wisconsin Department of Public Instruction  
**APPLICATION FOR SUPPORT OF PROFESSIONAL  
 DEVELOPMENT FUNDS**  
**WISCONSIN IMPROVEMENT PROGRAM**  
 PI-1692 (Rev. 09-09)

**INSTRUCTIONS:** Submit a separate request for each proposed activity. Forms **must** be submitted 30 days prior to activity. Applications must be postmarked by **April 15**.

Submit to:

**WIP DIRECTOR**  
**WISCONSIN IMPROVEMENT PROGRAM**  
**125 SOUTH WEBSTER STREET**  
**P.O. BOX 7841**  
**MADISON, WI 53707-7841**  
**(608) 267-2920 (FAX)**

This form is available at  
<http://dpi.wi.gov/tepd/wip.html>

Please email questions to [beverly.cann@dpi.wi.gov](mailto:beverly.cann@dpi.wi.gov)

**GENERAL INFORMATION**

1. Title/Activity Proposed

2. Proposed Starting Date

3. Proposed Ending Date

4. Applicants

**School District/IHE Personnel Names**

**Position**

**Email Address**

**Intern Names**

**Position**

**Email Address**

5. Name of School or IHE

6a. Telephone *Area/No.*

6b. Extension

7. Other Key People in the Proposal

8. Description of the Proposed Activity *Be Specific*

9. Proposed Activity Site/Address

**Site**

**Address**

## GENERAL INFORMATION (cont'd.)

**10. Budget**

List specific cost breakdown and estimate of total cost. Proof will be required at conclusion of function.

**Please note:** A total of \$225 per intern is available for professional development

		*The social security number is required if requesting an honorarium or a contract.
Registration Fee		*A copy of flyer/brochure indicating date, registration fee, description of activity/training, and proof of payment are required.
Mileage	48.5¢/mile	
Lodging	\$70/day max	After activity is concluded, the original lodging bill and proof of payment are required.
Meals		
Breakfast(s)	\$8 max	
Lunch(es)	\$9 max	If a workshop or seminar, a list of people participating in the meal function(s), a copy of the food invoice(s), and proof of payment are required.
Dinner(s)	\$17 max	
Break(s)	\$5 per break	
Materials		A breakdown of materials purchased and a copy of the cancelled check or voucher showing proof of payment are required.
<b>TOTAL</b>	<b>\$0</b>	

The amount listed in the total above will be reimbursed (up to the total allowable amount) to the district/campus **OR** person listed in section 12 after event completion. An invoice requesting reimbursement, all supporting documentation, and proof of payment must be received by **June 15**.

**11. Name and Address of School District/Campus OR Person to be Paid**

This form requires completion of EITHER the school district name, address, and FEIN Number OR the individual's name, address, and SSN.

School District/Campus	Address Street, City, State, ZIP	FEIN No.*
Individual	Address Street, City, State, ZIP	Social Security No.

\*All schools need to have a *Federal Employees Identification Number (FEIN)* on requisition. If number is not provided, this application will be returned for this information.

**SIGNATURES**

Money available during current school year does not accumulate from year to year. Yearly Deadline: Applications must be postmarked by **April 15**.

Signature of School District Applicant	Date Signed
➤	
Signature of School District Administrator or Principal	Date Signed
➤	
Signature of IHE Applicant (if request comes from IHE)	Date Signed
➤	