

## BCECM Professional Development Grant – FINAL REPORT Form

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Please submit your final report within thirty (30) days of the project/activity end date.

### Final report checklist:

1. The complete final report form.
2. Attach a separate page describing the completed professional development activity, any changes to your original proposal (i.e., dates, funding sources, program), and a short statement about what you learned.
3. Statement of Expenses. Complete a statement expenses to be covered by the BCECM grant, using page 2 of this form.
4. All original, itemized receipts for eligible expenses and official travel itinerary must accompany the final report, including original boarding passes.
5. Please send your completed report, itemized receipts, boarding passes and itinerary to:

Maureen Houston, BCECM Secretary  
School of Music  
Memorial University of Newfoundland  
St. John's NL A1C 5S7

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Summary of Activity Completed

Title \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

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**Statement of Expenses:** Please provide a breakdown of the expenses you are claiming from BCECM. Attach a separate page if necessary.

Travel (please specify mode of transportation and cost) \$ \_\_\_\_\_

Accommodation (please specify location, duration and cost) \$ \_\_\_\_\_

Registration or other fees (please specify) \$ \_\_\_\_\_

Other eligible expenses (please specify) \$ \_\_\_\_\_

**Total Eligible Expenses** \$ \_\_\_\_\_

**Funding or other revenue from other sources** (attach additional page if needed)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Funding/Revenue from other sources** \$ \_\_\_\_\_

**Total BCECM Funding** \$ \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_