Reference Number	
Date Received	



Halifax County Local NSTU PD Committee

Curriculum Development Assistance Fund Application Form 2025-26

Please read the guidelines before proceeding. halifaxcountylocal.com and select PD Funding

Name	Professional N	Number _	Not Employer's #40	0
Address			Not Employer's #40	0
AddressStreet and Apt # if applicable	City/Town		Post	al Code
Non-Employer and No nstu.ca E-Mail Address		Pho	one	
chool site	School	Phone		
Present Teaching Assignment				
s any percentage of your assignment VP or Principa	al duties (member of PSA	ANS)?	Yes 🗖	No 🗖
Project Title				
Starting Date Am	ount requested (max \$	(750.00)		
Please attach tl	he following inforn	<u>nation</u>		
☐ Competed Application Form wi	th signature.			
☐ Completed written Project Prope	osal (Word or PDF) a	answerin	g all question	s in the
guidelines (steps #1 through #6) scoring.). Headings #1-6 sho	uld be in	cluded for ea	sier
Scoring.Signed Project Proposal Guideling	nes after reading and	l checkin	σ the boxes	
3 Signed Project Proposal Garden	nes arter reading and	a cricciari	g the boxes.	
I, hereby, agree to use the funds ONLY fo	r the purchases listed	above.		
Signature of applicant:			Date:	
Complete the form and e-mail all d	ocuments to hali	favcour	ntynd@netu	ı ca by
Friday, October 3, 2025 @ 4:00 pm		<u>razeour</u>	ny palwiisti	<u>a</u> 0 y

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Updated September 2025

FOR OFFICE USE ONLY				
Approved _	Denied			
Date				
Email sent_				
Withdrawn				

Reference Num	ber
Date Received _	



Halifax County Local NSTU PD Committee

Curriculum Development Assistance Fund 2025-26

Project Proposal Guidelines

In order to ensure that your project meets the standards of the PD Committee, you are required to provide the following information in a word or pdf document that is emailed to halifaxcountypd@nstu.ca. When writing the proposal, please use the headings #1-6 provided. In addition, assume the committee is not knowledgeable about the curriculum and avoid technical language. Examples and many details are appreciated.

Please check the following boxes to show understanding and sign the bottom. This form must be attached with the project proposal.

1.	Proje	ect Description and Rationale:
		Briefly describe the project
		List the goals of the project
2.	Proje	ect Design:
		Explain how this project will be implemented in your classroom and how it will help
		your students.
		What timeline does the project follow?
3.	Curr	iculum Connections:
		What are the curriculum outcomes of this project?
		List all subject area(s) that will be enhanced by this project
4.	Proje	ect Evaluation:
	Ŏ	Describe how can this project be used for assessment or enhancement of the subjective area(s).
		How will you evaluate the success of this project?
5.	NSTU	U Involvement
		Describe your personal involvement in the NSTU (School Rep, Local/Provincial
		committees, Annual Council, John Huntley, etc)
6.	Proje	ect Budget:

☐ Books/materials available through the book bureau, consumables such as craft supplies, food, or items that can only be used once will not be approved).

Must outline in detail: Active links of items you intend to purchase with vendors listed, quantity of objects, taxes, shipping, US funds if applicable. Having more items on your list is suggested because you might not be able to purchase something on your list and cannot substitute it for another item that wasn't on your original itemized list that was approved by the committee. Hence, the total may be more than \$750 but CDAF will pay a maximum of \$750 CDN if approved.

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For the budget, please follow the model:

Item with Link with vendor listed	Quantity	Cost	Taxes	Shipping	Total

PLEASE NOTE the following:

CDAF is not intended to pay for:

- 1. Pilot programs initiated by the DEECD or HRCE
- 2. Salaries, honoraria, or labour fees
- 3. Travel and accommodations/meals (teachers or students)
- 4. Equipment rental, service and/or labour costs
- 5. Sub days
- 6. Yearly subscriptions to online services.

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□ To ensure their project is their own proposal and not a copy of another member's current or past application with some changes.
 □ To ensure that Inclusive and Culturally Responsive Practice are met
 □ To ensure that any apps or technology purchased are approved through the regional technology integration team and meet student privacy guidelines.
 □ To evaluate all materials for evidence of bias using the Department of Education and Early Childhood Development Bias Evaluation Instrument
 □ All materials purchased with CDAF grants will become property of the member to be used within Halifax County Local schools only. If the member retires or is no longer a member of the Halifax County, they are to return the items to the Halifax County PD Committee.
 □ To ensure that all materials purchased are compliant with the Fire Marshall's guidelines. The Halifax County Local NSTU is not responsible if the member did not do their due diligence with regards to HRCE and/or Fire Marshall policy.

☐ I have met and understand the above requirements.

Signature of Applicant	Date

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Updated September 2025