

SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Allyson Martinez Date 4/4/25
 Department EOPS Email almartinez@marin.edu
 Title of Activity: NCORE 25 (National Conference on Race and Ethnicity in American Higher Education)
☐ Meeting ☒ Conference ☐ Workshop ☐ Credit class ☐ Noncredit class ☐ Webinar
 Sponsored by: NCORE
 Location: New York, New York ☒ In person ☐ Online
 Dates of Leave: From 5/26 to 5/31 ☒ All day or hours All day

Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)
 NCORE is the leading forum for higher education prof.to explore and address the complexities of human differences and their profound impacts on access, opportunity, and success. Through dynamic sessions, collaborative discussions, and actionable strategies, NCORE equips participants to navigate these differences, create welcoming environments, and expand opportunities for all ind.& backgrounds.

After your event, you will be asked to complete a brief survey about the activity.

TITLE V FUNDING AUTHORIZED USES

Activities funded by Title 5 Staff Development Funds must be related to one of the following authorized uses. Please check all categories that apply.

- ☐ 1. Improvement of teaching
- ☒ 2. Maintenance of current academic and technical knowledge and skills
- ☐ 3. In-Service training for vocational education and employment preparation programs
- ☐ 4. Retraining to meet changing institutional needs.
- ☐ 5. Inter segmental exchange programs
- ☒ 6. Development of innovations in instructional and administrative techniques and program effectiveness.
- ☐ 7. Computer and technological proficiency programs.
- ☒ 8. Courses and training implementing affirmative action and upward mobility programs.
- ☒ 9. Other activities determined by the Board of Governors to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges, including but not necessarily limited to programs designed to develop self-esteem.

BUDGET INFORMATION

All items must be completed or the form will be returned.

Roundtrip transportation:

Car: _____ miles @ _____ /mile = \$ _____ 0.00
 Airfare: \$ _____ 275.00
 Other: _____ \$ _____
 Hotel: Your cost for 5 nights is \$ _____ 1,395.00
 Conference fee: \$ _____ 745.00
 Meals: \$ _____ 375.00
 Other Fees: \$ _____
 Total travel cost: \$ _____ 2,790.00
 Amount to be paid from Staff
 Development Funds: \$ _____ 500.00
 Difference to be paid from other funds \$ _____ 2,290.00

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

Allyson Martinez 4/4/25
 Employee's Signature Date

Becky B. 4/7/25
 Supervisor's Signature Date

 Chair, Professional Learning Committee Date

 Asst. VP of Instruction, Budget Manager Date