

Request for Classified Staff Development Funds and/or Travel

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SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Chanel Brock-Montalbano Date 9/17/2026
 Department EOPS & SSP Email cbrockmontalbano@marin.edu
 Title of Activity CCCEOPSA 57th Annual Conference
 Meeting ☐ Conference ☒ Workshop ☐ Credit Class ☐ Noncredit Class ☐ Webinar ☐
 Sponsored by: CCCEOPSA
 Location: Long Beach, CA In person ☒ Online ☐
 Dates of Leave: From 10/6/2026 to 10/9/2026 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.)

<https://www.ccceopsa.org/>

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.

Rountrip transportation:

Car: _____ miles @ _____ /mile = \$ _____
 Airfare: \$ 506.81
 Other: \$ 100.00
 Hotel: Your cost for 3 nights is \$ 1080.56
 Conference fee: \$ 800.00
 Meals: \$ 175.00
 Other fees: \$ _____
 Total Travel Cost: \$ 2662.37
 Amount to be paid from
 Staff Development Funds (max. \$500): \$ 500.00
 Difference to be paid from other funds: \$ 2,162.37

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

Chanel Brock-Montalbano 09/17/2026
 Employee's Signature Date

 09/17/2026
 Supervisor's Signature Date

 Chair, Professional Learning Committee Date

 Director of PRIE, Budget Manager Date