

PROFESSIONAL ACTIVITIES PROJECT PLAN AND FINANCING REQUEST

Calendar Year 2000

1. PROJECT TITLE Continuing Education Courses by Experts	
2. SPONSORING SECTION/COUNCIL/AREA/CHAPTER NCAC	
REGION 2	
3. TREASURER/ADDRESS William Kelly NCAC Treasurer PO BOX 220521 Chantilly, VA 20153 703-610-2067 wjkelly@mitretek.org	4. PROJECT MANAGER/ADDRESS/PHONE Gideon Kantor 10702 Kenilworth Avenue Garrett Park, MD 20896-0553 301-946-1043 gkantor@aol.com
5. STATEMENT OF OBJECTIVES With the ever increasing pace in the use of new technologies and computer languages, the purpose of continuing education courses by experts is to serve our members in terms of supporting them in developing new skills to maintain their competitiveness in the work place. One example of such a new field is JAVA, a new computer language in ever increasing use.	
6. PLANS FOR ACHIEVING OBJECTIVES A training course, such as JAVA, of about five afternoon lectures, each three hours long, will be given weekly.	
7. HOW ACHIEVEMENT WILL BE MEASURED This will be done on three levels. a. The instructor will evaluate the achievements of the participants by strongly interacting with them during each lecture. b. At the end of each course, the participants will be asked to evaluate the course. c. CEUs will be given.	
8. HOW MANY MEMBERS WILL BENEFIT FROM THIS PROJECT? It is estimated that up to 100 members will participate in this activity.	

9. ACTIVITIES (list the major activities required for project achievement and the targeted completion dates):	
Activities	Dates
1. Five weekly lectures, three hours each	Fall 2000
10. FUNDING REQUIREMENTS (refer to activities above by number):	
Type of Expense	Amount
1. Instructor's fee	\$ 1000.00
TOTAL FUNDING REQUIRED	\$ 1000.00
11. PROJECT FUNDING SOURCES	12. DISBURSEMENTS
Region \$ 1000.00 Section \$ _____ Project Income \$ _____ Employment Assistance Cmte. \$ _____ Other \$ _____	1) Regional Funds Advance disbursement (pre-event cost) \$ _____ Final disbursement \$ 800.00 2) EAC Funds Advance disbursement \$ _____ Final disbursement \$ _____ TOTAL \$ 800.00
13. PROJECT APPROVAL	
_____	DATE: _____
PACE Chair (Section/Area/Council/Chapter)	
_____	DATE: _____
Chair (Section/Area/Council/Chapter)	
_____	DATE: _____
Regional PACE Employment Assistance Program Coordinator (if applicable)	
_____	DATE: _____
Regional PACE Coordinator	
_____	DATE: _____
Regional Director	