Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division / Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you seek funds in addition to Staff Development? **YES NO**

* If yes, identify the other potential sources of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this project take place off campus? **YES NO**

* Multiple individuals applying to attend the same conference or event should fill out and submit the Low Cost & Individual Grant Application

What will you do if your grant is denied or partially funded?

I will **NOT** attend the event I will fund attendance myself

*“I understand that I am responsible for following up with my grant application and obtaining the required signatures. I will ensure that the completed grant is received by the staff development office by the appropriate deadline.”*

*“I understand that even though travel may be approved by the Board in advance, no Staff Development funding is guaranteed. I will be notified by the Staff Development Coordinator following the next grant meeting if and how much I’ve been awarded.”*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

*Printed Name Signature Date*

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description. Include the time and date of the activity.**

**How will this project further the mission of the college?**

**Describe specifically how this project will enable faculty and/or staff to enhance their job performance:**

**Itemized Amount Requested**

**Is this training or activity required in order for you to complete your current job duties? If so, please describe what other funding sources have been sought out. Please note that matching funds must also be sought from your department.**

**Was this training or activity included in previous Program Review and/or Program Plans? If so, please indicate which year(s) this has been included.**

**If applicable, describe how this project hopes to improve Student Learning Outcomes in your program.**

 **What evidence have you gathered that shows that this project is of interest and benefit to faculty and/or staff in your area?**

 **How many faculty/staff will attend this event?**

 **What steps have you taken to guarantee the number of participants?**