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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

* If yes, attach a completed Travel Authorization form

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*\* Complete this section for all grant requests \*\*\**

**Project Description–Attach conference/workshop description & registration cost information**

**How will this project enhance your professional skills and ability to serve the college?**

**Itemized Amount Requested**

 *\*\*\* Low cost grant applicants ($200 or less)* ***STOP*** *– Others continue\*\*\**

**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.**

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

**If applicable, describe how this project hopes to improve Student Learning Outcomes for the students you serve.**

**In order to maximize the limited amount of Staff Development monies available, applicants are asked to detail the specific activities they will undertake to share this project with the largest appropriate campus audience. Please describe this “dissemination” plan below:**

**Timeline for dissemination activities:**

**Estimated numbers of campus community reached by Dissemination Plan**