STAFF PROFESSIONAL DEVELOPMENT FUND
Applicant Checklist

➢ See Guidelines and Applications Process for full details on funding & award process.
  http://www.suu.edu/ad/staff/

➢ Application submission is complete, including:
  - Complete Application Form including Supervisor Statement, Budget, Narrative, signatures
  - Funding sources / accounting information
  - Attached conference presentation acceptance and/or registration
  - Attached information about conference/event

➢ Application is submitted by the applicable deadline. Incomplete applications may not be considered. Exceptions to the deadline (late or retroactive applications) will be considered on a case-by-case basis.
  - First Tuesday of June *(for use Jul 1 to Sep 30)*
  - First Tuesday of September *(for use Oct 1 to Dec 31)*
  - First Tuesday of December *(for use Jan 1 to Mar 31)*
  - First Tuesday of March *(for use Apr 1 to Jun 30)*

➢ If funds are awarded, Post-Travel Report is to be submitted 30 days after trip or by June 30 of the current fiscal year (whichever comes first). Report should include:
  - How the award benefitted you
  - How the award benefitted your department
  - How the award benefitted the institution

STAFF PROFESSIONAL DEVELOPMENT FUND
APPLICATION

Application Deadlines: First Tuesday of:
June *(for use Jul 1 to Sep 30)*, **September** *(for use Oct 1 to Dec 31)*, **December** *(for use Jan 1 to Mar 31),*
and March *(for use Apr 1 to Jun 30),*
Due to committee chair by 5:00 pm on date indicated

Application Type: ☐Individual ☐ Group *(group is defined as multiple individuals attending the same event from the same department)*

Individual or Group Coordinator Name:

Department:

Group members (N/A for Individual Application):

E-Mail:

Office Phone:

Office Location:

Classification:

INDEX *(must provide an E&G, non-appropriated, state-allocated fund)*:

Full Cost of Proposal $ 0.00

Amount requested from this fund (Maximum $1,000 per proposal): $ 0.00

Abstract of the Funding request *(600 characters or less)*

How will your position/department directly benefit by this request:

The award of funds from the Staff Professional Development Fund is a contract between the staff member and the University. Each applicant certifies that any awarded funds will be used for the purposes outlined in this application. Any deviation from proposed use of funds requires committee approval.

Applicant _____   Applicant _____

Applicant _____   Applicant _____

Applicant _____   Applicant _____

Applicant _____   Applicant _____

Applicant _____   Applicant _____

Supervisor's Comments & Assessment: Supervisor should indicate their assessment of the proposal and how the proposed activity assists the staff member in his/her position. The supervisor must articulate how the proposed activity supports the mission of   the department. Please be objective in your analysis. Point out areas of weakness, uncertainty, or lack of relevance to your   department. The committee relies on your objectivity to make its assessment.

Signature of Supervisor:

_____   _____

Amount of matching funds from Department: $ 0.00
I have budgetary authority to commit these funds to this activity: **(Initial)**

If not, please state who has budgetary authority and provide evidence of their commitment to these funds.

Check list for Supervisor (please check boxes that apply)

☐ Proposal is a benefit to the department or university
☐ There are at least 25% matching funds *(25% match of <u>total cost</u> of proposal)*
☐ There is a strong endorsement for this project from the supervisor
☐ The proposal is complete and well-written
☐ The proposal meets department criteria/need
☐ Objectives are clear and obtainable
☐ Dissemination opportunities within department
☐ Project consistent with mission of university

☐   Proof of IRB approval must be attached to the proposal if it is required

Category	Total Funds	Matching Funds	Funds Requested from SPDF
BUDGET BREAKDOWN Budget must be itemized, include the cost of all activities, and be cost effective			
Airfare [ ] x [ ] # of applicants)	$	$	$
Mileage *(at current university rate)*	$	$	$
Car rental/taxi/shuttle, etc. *(include explanation with narrative)*	$	$	$
Meals *(not included in registration at current university rates)* # of days [ ] x [ ] (# of applicants)	$	$	$
Lodging # of nights [ ] x [ ] rate x [ ] (# of applicants)	$	$	$
Registration/Conference Fees Rates [ ] x [ ] (# of applicants)	$	$	$
TOTAL	$ 0.00	$ 0.00	$ 0.00

Matching funds (25% minimum match of total proposal amount):

Index for matching funds:

Amount or match:

- Financial match beyond the 25% is evidence of stronger support and may help the application.
- Matching Funds includes actual cash, not gifts in kind or In-Kind Trades. Only actual cash awards will be used to calculate the match.
- Personal Funds or related matches will not be counted. The match must come from an external source that is not financially affiliated with the applicant.
- Verification of conference acceptance or registration and information about conference/event must be attached to this application

NARRATIVE

Answer the following questions. Incomplete applications will not be considered.
(Applicants may add a separate statement of explanation if needed)

Name of Conference or Professional Meeting:	Date of Conference/Mtg.:
Category of Conference	Location:
N/A	
If presenting, have you been accepted?	Title of Presentation (If presenting)
(if yes provide evidence)	

How is this activity related to your professional duties as an employee of SUU or to the mission of your department?
(150 characters or less)

Explain how this project will improve you/your departments' ability to serve the campus.

Explain how your budget plan is reasonable and cost effective.

List details for "Car rental, taxis, shuttles, gas/mileage" budget line items, including justifying these expenses rather than using the hotel courtesy transportation or other forms of transportation.