I

**Faculty Professional Development Funding Application**

Application for Institutional Award

Please provide **all** of the information requested to facilitate the evaluation of your application.

The role of the Faculty Development Committee is to lead the college’s efforts in further advancing the professional development of a full-time faculty, to regularly review and recommend applications for development activities to the Vice President of Learning and Provost throughout the fiscal year, and to annually recommend ongoing improvements to the policies and procedures of faculty development. New full-time faculty are eligible for professional development funding after their first performance review is completed.

NOTE: INSTITUTIONAL AWARD APPLICATIONS SHOULD BE COMPLETED WITH THEIR SUPERVIOSR’S AND DEAN’S APPROVAL AND SUBMITTED A MINIMUM OF EIGHT (8) WEEKS PRIOR TO THE ANTICIPATED START DATE OF THE RESEARCH PROJECT.

Before completing this form, please refer to the attached summary of award categories to see if the proposal includes activities which are fundable. *Please complete one funding application per proposal.*

(If you need more space, feel free to attach additional pages.)

Names of Project Members (indicate FT or PT after each name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Proposal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date of Research:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Answer all the following questions in detail and this will be used to determine funding.**

1. From what other source(s) will you be receiving funds? (Do not leave blank or application will be returned.)

* Academic department
* Professional organization
* Conference committee
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A. Describe the research proposal, including an itemized breakdown of the funding request in the following table. Attach proposal and supporting materials.
2. **Funding request breakdown. Please Note**: Institutional awards may be funded up to $5,000.00 with appropriate documentation. All requests are subject to availability of funds and budgetary requirements for future requests.

**Funding Breakdown of Total Funding Request**

|  |  |
| --- | --- |
| **Description of Funding Needed** | **Amount** |
| **Research Travel To:** |  |
| Travel—Air/transportation (Note: Faculty Development does not pay mileage on personal vehicles. Federal per diem rates will be adhered to on travel.) |  |
| Hotel |  |
| Food |  |
| Other (describe): |  |
| **Operating Expenses:** |  |
| Printing |  |
| Postage |  |
| Long distance phone calls |  |
| Statistical software |  |
| Equipment (such as digital voice recorders, flash drives, etc.) |  |
| Other operating expenses (specify) |  |
| **Professional Fees and Expenses:** |  |
| Fees |  |
| Travel |  |
| Hotel |  |
| Food |  |
| **Off-Contract Time (log of time and activities will be required):** |  |
| Research Member: |  |
| Research Member: |  |
| Research Member: |  |
| Research Member: |  |
| Research Member: |  |
| Research Member: |  |
| **Total Amount Requested:** |  |

1. Have you previously completed an institutional request for proposal? YES NO If YES, when and list topic.
2. Did this group of individuals receive an institutional award?

YES (If YES, have you submitted your deliverable and shared the information you learned with the college-wide community?) Please describe how you did this?

No If NO, in what fiscal year were you last funded by Professional Development?

1. Do you have specialized knowledge in the topic of the proposal?

YES NO (Please provide details/documentation if the answer is YES.)

1. Describe any previous work completed by NWACC employees on this topic. (Provide as much detail as possible.)
2. Briefly express your expected results on how it will benefit students or improve your service to students (directly or indirectly).
3. After reflection upon the **Professional Development Funding Award Categories** and the **Menu-of-Options**, describe *how* completing this research is relevant to one or more of the listed learner-centered domains.
4. Indicate how you will share what you learn with the college-wide community as a whole:

(Please be aware that failure to follow through on this commitment may prevent you from receiving future PD funding.) Provide a detailed explanation.

**APPLICANT:**

I have read the above application and it is true and correct to the best of my knowledge and belief.

Lead Faculty Team Member on research on research proposal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECT SUPERVISOR:**

I have reviewed this request and approve the processing of this application AND RECOMMEND IT FOR APPROVAL.

Direct Supervisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIVISION DEAN:**

I have reviewed and approved the application above and (circle one) HAVE / HAVE NOT approved additional division funding. Indicate amount of additional funding (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note to Dean: Once you have completed this section ,immediately send this application to the faculty development committee chair.*

Division Dean’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Faculty Development Committee Use ONLY:**

Check one: Recommended: \_\_\_\_\_ Not recommended: \_\_\_\_\_

Indicate number of votes received: YES \_\_\_\_\_ NO \_\_\_\_\_

Comments:

Faculty Development Committee Chair Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_