



SOLANO COMMUNITY COLLEGE
Faculty Professional Development
GRANT APPLICATION

Academic Year _____ **Application #** _____ **Date application rec'd** _____

Directions: Please type, or print clearly. Incomplete applications will be returned. Return the application to the Academic Senate Office (Building 600, Room 610). Applications may be submitted until 4 weeks before the end of the semester or until all funds are encumbered.

- **Conference/workshop must be completed by the end of June and all paperwork (approved application, travel reimbursement request and receipts) for reimbursement must be submitted to the Academic Senate Office by the last work day in June.**

Name:	Employee ID number:
Department:	School:
Phone number:	Email address:
I work <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent-less-than-100%; specify % _____ <input type="checkbox"/> Part-time; specify load % or hours/week _____	Home address (optional) Number & Street: Apt. #: City/State/Zip:

Kind of Grant Requested

<input type="checkbox"/> Conference / Workshop <input type="checkbox"/> I will be a presenter as evidenced by attached description – see also estimated expenditures section <input type="checkbox"/> Department Project or Retreat	Title: Location: Inclusive dates:
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ATTACH brochure/flyer that describes the conference / workshop, including location, dates, and registration costs – OR – type a brief description below that includes the required information.

Indicate the Chancellor’s Office Authorized Use for Professional Development funds that applies to your activity: (see separate sheet or PD website for more definitions & examples for each category)

<small>California Education Code, Title 3. Postsecondary Education, Division 7. Community Colleges, Part 51. Employees, Chapter 1. provisions Applying to All Employees, Article 5. Community College Faculty and Staff Development Fund, Section 87153. Authorized Uses of Faculty and Staff Development Funds</small>	
1.	Improvement of teaching
2.	Maintenance of current academic and technical knowledge & skills
3.	In-Service training for vocational education & employment preparation programs
4.	Retraining to meet changing institutional needs
5.	Intersegmental exchange programs
6.	Development of innovations in instructional & administrative techniques & program effectiveness
7.	Computer & technological proficiency programs
8.	Courses & training implementing affirmative action & upward mobility
9.	Other activities determined to be related to educational & professional development pursuant to criteria establish by the Board of Governors of the California Community Colleges, including, but not necessarily limited to, programs designed to develop self-esteem

Briefly describe the relation of your request to the Authorized Use selected above (attach page if needed):

LINKAGE TO STRATEGIC OBJECTIVE(S) (Identify for which this is intended):

Goal 1: Foster Excellence in Learning

- Obj. 1.1 Create an environment that is conducive to student learning.
- Obj. 1.2 Create an environment that supports quality teaching .
- Obj. 1.3 Optimize student performance on Institutional Core Competencies .

Goal 2: Maximize Student Access & Success

- Obj. 2.1 Identify and provide appropriate support for underprepared students.
- Obj. 2.2 Update and strengthen career/technical curricula.
- Obj. 2.3 Identify and provide appropriate support for transfer students.
- Obj. 2.4 Improve student access to college facilities Enrollment Management Plan.
- Obj. 2.5 Develop and implement an effective Enrollment Management Plan.

Goal 3: Strengthen Community Connections

- Obj. 3.1 Respond to community needs.
- Obj. 3.2 Expand ties to the community.

Goal 4: Optimize Resources

- Obj. 4.1 Develop and manage resources to support institutional effectiveness.
- Obj. 4.2 Maximize organizational efficiency and effectiveness.
- Obj. 4.3 Maintain up-to-date technology to support the curriculum and business function.

Indicate the Professional Development learning outcome that fits your activity (mark all that apply):

<input type="checkbox"/>	1. I will be able to use technology more effectively and innovatively with the information/skills I learned.
<input type="checkbox"/>	2. I will be able to use instructional models that are grounded in sound pedagogy & best practices as a result of the information & skills I learned to improve student success in my classes.
<input type="checkbox"/>	3. I will be able to create working & learning environments that are inclusive, engaging, challenging, relevant, welcoming, purposeful, & responsive to diverse cultures with the information/skills I learned.
<input type="checkbox"/>	4. My knowledge about the statewide Community College system, the district and/or Centers has increased.
<input type="checkbox"/>	5. My participation has increased my morale and well-being.

Reimbursement Directions:

- See the **Travel Policy** and fill out the **Travel Reimbursement Request** form. Both are found in MyGroups: Academic Senate: Faculty Development: Funds Request folder.
- Submit original receipts and the Travel Reimbursement Request to the Academic Senate office (Building 600, Room 611).



Faculty Professional Development Grant Application

Name:	Phone number:	Email address:
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If you are going to be a presenter:

Is your registration fee waived? Yes No **If yes, provide amount:** _____
 Are you being paid or receiving a stipend for presenting: Yes No **If yes, provide amount:** _____

Item	Amount	Notes
Event Registration Fee:		
Lodging:		
Food estimate:		
Airfare:		
Mileage:		If requesting mileage, include a mileage map.
Tolls:		
Parking:		
Other:		Specify:
Other:		Specify:
Total:		
PD Funds Requested:		
Unfunded Balance:		

Have you applied for funds from any other source to help defray the expenses for this activity? Yes No
If yes, complete the following:

Other Potential Fund Sources:	Amount Requested:
3SP (Gregory Brown, VP Student Services)	_____
Equity (Gregory Brown, VP Student Services)	_____
Basic Skills (Leslie Minor, VP Academic Affairs)	_____
Other (specify) _____	_____

Signature of Applicant _____ Date _____

Official Use Only

Grant <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date approved/denied:	Appl'n number:
Amount approved	If denied, reason for denial:	
Date applicant notified	Date copy of Request for Leave received	
Date expense claim received	Date expense claim processed	

Signature of Professional Development Coordinator

Date