

## Classified Staff Development Grants

### Purpose

The improvement grants are one time funds given by the State for Staff Development. The grants are open to all CCC Local 1 employees to be used for professional development.

### Maximum awards

- **\$600.00 per person, per semester.** Priority will be given to first time applicants. Grants will be approved and distributed based on funds availability.

### Criteria

- Grant funded activities must **qualify under any 1 of the Nine (9)** Authorized Uses. See link below.
- Grant money will be **used as reimbursement** to the employee after course/training is completed OR seminar/conference has taken place. Passing grade must be submitted for tuition reimbursement OR summary of conference must be included in application, AND
- Activity must have taken place within the fiscal year.

### How to Apply for CCC Staff Improvement Grant

1. Download [Application](#) for Staff Development Educational Reimbursement Programs pick up a copy from CRC.
  - ✓ **(I am applying for:** mark the box “Other” and fill in “CCC Classified Staff Improvement Grant”)
2. Download definition for the Nine (9) [Authorized Uses](#)
3. On the bottom of the front page indicate which of the Nine (9) Authorized Uses applies to your request.
4. Submit completed application for pre-approval to ensure funds availability and verification of Authorized Use to Janie Franklin at the CRC (office hrs: Mon, Tue, Wed 8am to 3pm).
5. After receiving pre-approval attend or successfully complete activity/course.
6. Upon completion of activity/course return the Classified Staff Improvement Grant Report Form with the Expense Claim Forms to Janie Franklin. The form must be turned in within thirty (30) days of event completion.

**Grant Applications and Activities must be completed by June 30<sup>th</sup>.**

*These are additional staff development resources available. Submit your application to:*

<b>Local 1 Incentive Program, EIP</b> <b>Katherine Jinter</b> <b>DVC</b> <b>\$500.00</b>  <b>Reimburses for tuition</b>	<b>Local 1 CEEP</b> <b>Ken Reynolds</b> <b>Mark Williams</b> <b>Roger Polk</b> <b>CCC</b> <b>\$600.00</b>  <b>Reimburses for tuition, conference fees and books</b>	<b>CCCCD</b> <b>Andrea Gonzales-Lewis</b> <b>DO</b>  <b>Reimburses for classes taken in District.</b>
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For more information see: [Educational Incentive Programs Brochure](#).

If you have questions or need more info, contact Members of the Classified Staff Development Committee:

<b>Laurie Laxa</b> x4698	<b>Alma Cardenas</b> x4294	<b>Roger Polk</b> x4298	<b>Janie Franklin*</b> x4309	<b>Kay Armendarez</b> x4501	<b>Denine Colbert</b> 4316
<p><a href="#">ii</a> * <b>Janie Franklin will be on leave during the summer. Applications that need to be turned in during the month of June should go to Alma Cardenas in room H-42, Cashiers Office, Humanities building.</b></p>					

Or by email, which can be found in your Outlook Global Address List.

Updated 4/16/08



# Contra Costa Community College District

Contra Costa College • Diablo Valley College  
Los Medanos College • San Ramon Valley Center  
Brentwood Center • District Office • Regional Training

### Internal Use Only

Voucher # \_\_\_\_\_  
PO/BPO # \_\_\_\_\_  
Entered By \_\_\_\_\_  
GL # \_\_\_\_\_  
Vendor # \_\_\_\_\_  
Mgr. Approval \_\_\_\_\_

Application # \_\_\_\_\_

## Staff Development Educational Reimbursement Programs

The information contained herein will be considered confidential and is, together with attachments, the property of the District. A separate application is required for each funding source.

Date of Application	I am a:	I am located at:	I am applying for:
	<input type="checkbox"/> Classified <input type="checkbox"/> Confidential <input type="checkbox"/> Manager/Supervisor I work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> DVC <input type="checkbox"/> LMC <input type="checkbox"/> CCC <input type="checkbox"/> District Office <input type="checkbox"/> Regional Training Institute <input type="checkbox"/> Other _____	<input type="checkbox"/> SRVC <input type="checkbox"/> Brentwood Center <input type="checkbox"/> Classified Employee Enhancement Program (Local 1) <input type="checkbox"/> Educational Incentive Program (Local 1) <input type="checkbox"/> Confidential Employee Enhancement Program <input type="checkbox"/> CCCCD/RTI Tuition Reimbursement <input type="checkbox"/> Other _____

## Personal Information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Last Name	First Name	Middle	Datatel ID#
Department	Job Title		CCCCD Hire Date	
Home Address (Optional)	Apt #	City	State	Zip
Home Phone (Optional)	Work Phone	E-Mail Address		

## Educational Program Information

Attach ALL program information (i.e. course description, agenda, curriculum, etc.)

Program Title	Education Degree/Goal		
How is the program presented? <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Class <input type="checkbox"/> Other (please explain) _____	Start Date	End Date	Length of Program
My participation in this program will benefit students, the college and/or enhance my professional growth in the following ways:			
Name and Address of Institution or Entity			

## Check Payment/Reimbursement Information

Amount Requested	Check Payable To:		
	Address		
	City	State	Zip      Phone Number

## Breakdown of Expenses

**Itemize and explain your expenses** (books, registration, mileage, lodging, transportation, meals). **Attach expense claim form with original receipt.**

<u>Amount</u>	<u>Expense Description</u>	<u>Additional Comments</u>
_____	Registration/Tuition	
_____	Books	
_____	Supplies	
_____	Lodging	
_____	Meals	
_____	Travel	
_____	Other	
_____	<b>Program Expense TOTAL</b>	

## Disclosure Statement

<input type="checkbox"/> Yes <input type="checkbox"/> No  Initial: _____	I have applied this fiscal year for funds from one of the following sources to help defray the expenses for this activity. List the amounts received below: \$ _____ <input type="checkbox"/> Classified Employee Enhancement Program (Local 1) \$ _____ <input type="checkbox"/> Educational Incentive Program (Local 1) \$ _____ <input type="checkbox"/> Confidential Employee Enhancement Program \$ _____ <input type="checkbox"/> CCCCCD/RTI Tuition Reimbursement \$ _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initial: _____	I agree that in the event the course is not completed, the committee may require a full or partial refund of the monies granted under this program. For proof of completion, please submit verification of completion (i.e. transcript, certificate of completion, proof of attendance, etc.)

**I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand and agree misstatements/omissions of material facts may cause forfeiture of my rights to future funding upon evaluation of the educational funding committee in the Contra Costa Community College District.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## Before submitting your application, did you remember to...

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sign your application
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach a brochure or flyer describing the conference/workshop including the location, dates and cost. If enrolling in a class, please attach a course schedule.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach a completed expense claim detailing your expenses
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach original receipts
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach certificate of completion or proof of attendance for workshops and conferences
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach completed "Leave Request Form" if required
<input type="checkbox"/> Yes	<input type="checkbox"/> No	For Local 1 Educational Incentive Program: Attach Verification of Enrollment Form
<input type="checkbox"/> Yes	<input type="checkbox"/> No	For CCCCCD Tuition Reimbursement: Attach final grade for class (grades will be verified)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Make a copy for yourself

## DO NOT WRITE BELOW THIS LINE

Application is:

Date Received \_\_\_\_\_

Date Notified \_\_\_\_\_

Approved    Amount Approved \_\_\_\_\_

Denied    Denial Reason \_\_\_\_\_

\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Administrator or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local 1 President Signature (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
District HR Representative Signature

\_\_\_\_\_  
Date