



CONTRA COSTA COLLEGE
Professional Development
GRANT APPLICATION

Internal Use Only
 Amount approved
 Date expense claim submitted
 Date report submitted
 Date expense claim processed

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

Directions: Please type, or print clearly. Incomplete applications will be returned. Return the application to the Professional Development Office at least three weeks before the planned event.

Applications must be submitted with a request to leave form.

- All grants must be pre-approved.
- There is NO retroactive funding for activities occurring between September - June.
- Conference/workshop must be completed and all paperwork submitted to the Staff Development Office by the end of June (or other specified deadline).
- July and August (activities occurring before the start of fall semester) applications' statuses are dependent on the relevant fiscal year's funding. You must apply for July and August Professional Development activities by April 1st of the immediately previous spring semester.
- Maximum grant amount is \$550, prorated for part-time staff.

Name:	Employee ID number:
Department:	Division:
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	Title:
<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	
	Location: Inclusive dates:

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)

<input type="checkbox"/>	1. Improvement of teaching
<input type="checkbox"/>	2. Maintenance of current academic and technical knowledge & skills
<input type="checkbox"/>	3. In-Service training for vocational education & employment preparation programs
<input type="checkbox"/>	4. Retraining to meet changing institutional needs
<input type="checkbox"/>	5. Intersegmental exchange programs
<input type="checkbox"/>	6. Development of innovations in instructional & administrative techniques & program effectiveness
<input type="checkbox"/>	7. Computer & technological proficiency programs
<input type="checkbox"/>	8. Courses & training implementing affirmative action & upward mobility
<input type="checkbox"/>	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:

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Indicate the Professional Development learning outcome that fits your activity:

	1. I will be able to use technology more effectively with the information/skills I learned today.
	2. My job skills have been enhanced by the information/skills I learned today, which may increase my opportunities for advancement.
	3. I will be able to use instructional models that are grounded in sound theoretical frameworks & good practice as a result of the information & skills I learned today.
	4. 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 today.
	5. My knowledge about the district and/or college has increased.
	6. My participation has increased my morale and well-being.

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

Source(s)	Amount(s)

If you are going to be a presenter:

Is your registration fee waived? Yes No

Are you being paid or receiving a stipend for presenting: Yes No **If yes, provide amount:** _____

Estimated expenses (please fill out completely)

Registration fee:	
Travel costs:	
Hotel:	
Meals:	
Other (specify):	
TOTAL:	

Signature of Applicant _____ **Date** _____

Reimbursement Directions:

- Submit a **typed grant report**. Expense claims will not be processed without a completed report. (A copy of the report form will be sent with the notification of grant approval).
- Submit **original receipts** for all items with two (2) copies of your **Expense Claim** within **30 days of the event**. You will receive ONE email or phone reminder. Claims that are submitted after the date given in the reminder will not be processed and the grant will be cancelled.
- Submit a copy of your **Request for Leave** (with division dean signature). If your conference/workshop occurred during non-work hours, you still need to fill out a Request for Leave form and get it signed. (It's a liability issue, since you will technically be "on school business" while at the conference/workshop.)
- Note that Professional Development does not reimburse for the purchase of materials or membership fees.

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

Signature of Professional Development Coordinator

Date