Staff/Faculty Professional Development Small-Grant Program
Application Form

SUBMIT ORIGINAL APPLICATION FORM AND SUPPORTING DOCUMENTATION

Complete applications must be received in the Staff Senate office **at least six weeks prior to the actual event start date** for which support is requested. Applications will not be funded retroactively.

Request Type: Individual ___ Dept. ___   **Employment status:** Faculty ___ Staff ___ Full-time__ Part-time ___

Name: _____   **E-mail:** _____

Campus Mailing Address: _____   **Campus Phone:** _____

College/School/Division: _____   **Academic Unit:** _____

Event Description: _____   **Event City/State:** _____

Date of project start: _____   **Date of project completion:** _____

Small-Grant documentation (required):

- **Brief explanation:** Attach a brief explanation of the purpose for which you are requesting funds. Include in your explanation of who will benefit from the project; what the nature of the benefit is, and how the project will affect your work at the University of Louisville.
- **Budget:** Itemize costs and attach supporting documentation. Proof of expenses is required for the requested item to be funded i.e. hotel conference rates, quoted airfare, registration costs, etc. If non-university personnel are to be paid an honorarium from the small-grant, indicate their qualifications or attach a resume/vitae.

HOTEL	
TRAVEL	
REGISTRATION/COURSE FEE	
OTHER (see guidelines for items funded and not funded)	
TOTAL	

- **Intra-University Transfer (IUT):** Attach signed IUT indicating the account and speed type where the approved funds will be transferred. IUT's are available from your unit business manager (UBM) and must be signed by that UBM.

  Did you receive a Professional Development Small-grant during the past fiscal year?   Yes ___   No ___
  If Yes, have you submitted your report as required by the terms of the grant?   Yes ___   No ___

Signatures:
Applicant
Printed_____ Signature _____ Date_____

Department Chair:
Printed_____ Signature _____ Date_____

Unit Dean/Vice President:
Printed_____ Signature _____ Date_____

NOTE: The original completed application and supporting documentation must be submitted together for consideration by the granting committee. Every application requires all signatures to be complete. Incomplete applications or applications without appropriate signatures will be returned to the applicant without review by the granting committee.

FORWARD COMPLETED APPLICATION AND IUT TO: Staff Senate Office, Houchens Building, Belknap Campus.