

**Staff/Faculty Professional Development Small-Grant Program
Application Form**

SUBMIT **6 COPIES** OF THIS FORM AND SUPPORTING DOCUMENTATION

Completed applications must be received in the Senate office **at least six weeks prior to the actual event** 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:

- **Brief explanation:** Attach a brief explanation of the purpose of the project for which you are requesting funding. 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:** Attach signed IUT indicating speed type approved funds will be transferred to. IUT is available from your unit business office.

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: Application requires all signatures to be complete. Six copies of the completed application and supporting documentation must be submitted. Incomplete applications or applications without appropriate copies will be returned to the applicant.

RETURN APPLICATION (6 copies) AND IUT TO: Staff or Faculty Senate Office, Houchens Building, Belknap Campus.

OFFICE USE ONLY: Rcvd _____ Initial _____ 6-wks _____ IUT _____

Notes: