

## 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.

Expense Type	Speedtype/Account Number	Amount
HOTEL		
TRAVEL		
REGISTRATION/COURSE FEE		
OTHER (see guidelines for items funded and not funded)		
<b>TOTAL</b>		\$ _____

Amount Awarded (internal use only)

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 or Dean:**

Printed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**LFO / UBM**

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 TO: Staff Senate Office, Houchens Building, Belknap Campus.**