

**SUPPORT STAFF PROFESSIONAL DEVELOPMENT (SSPD)
Grant Program
APPLICATION FORM**

APPLICANT INFORMATION

Name: _____ Job Title/Department: _____

Purpose of Grant:

Dates of Activity: _____ Location: _____

PROPOSED ACTIVITIES

If necessary, please attach additional pages.

Describe the activity for which you are requesting SSPD funds. If you are proposing to attend a conference, please indicate the name of the conference and the specific workshops you plan to attend.

Are similar activities offered internally through GRCC? If so, describe how this activity differs from what is currently available.

What is the relevance of the proposed activity to the Strategic Ends of the College (Transfer and Articulation, Workforce Development, Developmental Education, Flexible Learning, Lifelong Learning, Community Outreach, Community Partnerships, Diversity)?

How will this proposal have an impact upon student learning and enhance student success?

What is the relevance of this request to your current job responsibilities and/or to the needs of your department?

How do the proposed activities advance your own career development goals?

How will you engage others in the learning process by disseminating activity results with the wider campus community?

If your proposal is not fully funded, what is your plan for obtaining the balance of funds needed?
Describe prospective and existing sources of funds (i.e. department budget, personal funds, etc.)

Signature: _____ Date: _____

By signing this form, I attest that all information included in this application is a true and accurate representation of the proposed grant activities.

SSPD BUDGET FORM

Please list each expense for which you are requesting SSPD funds. You must provide an explanation for each item, and **provide documentation to support your cost estimate (Conference materials detailing costs, Webpage print-outs confirming air fare and lodging rates, etc)**

Item	Cost (\$)	Total	Explanation
Registration fee			
Workshop fees			
Air fare			
Ground Transportation			
Mileage	$\frac{\text{total mileage}}{\text{mileage rate}} \times .55/\text{mile}$		
Car rental			
Parking			
Lodging	$\frac{\text{nightly rate}}{\text{# of nights}} \times$		
Meals	$\frac{\$51/\text{day}}{\text{per diem}} \times \frac{\text{# of days}}{\text{# of days}}$		
Materials & Supplies			
Miscellaneous			
GRAND TOTAL			



Support Staff Professional Development (SSPD) Grant Program Supervisor's Approval Form

To be eligible to apply for an SSPD Grant, applicants must receive the approval of their Supervisor. Please answer the following questions and return this form to the applicant. If approval is given, this form must be submitted with the SSPD Grant application for consideration for funding.

Name of Applicant: _____ Department: _____

Form completed by: _____ Title: _____

1. Has the applicant successfully completed their probationary period of employment? YES NO
2. Is the applicant actively working and not on leave? YES NO

If you answered no to questions 1 or 2, the applicant is ineligible for an SSPD grant.

3. Will this proposal have an impact upon student learning and enhance student success?
 YES NO

Comments:

4. Will this proposal support the work of your department?
 YES NO

Comments:

5. Is the proposal applicable to the applicant's existing responsibilities?
 YES NO

Comments:

6. Does the proposal foster the applicant's professional development goals?
 YES NO

Comments:

7. Will the individual's absence create a burden to the department/college?
 YES NO

Comments:

8. Is the department willing to make a financial contribution to this activity?
 YES NO

Comments:

9. Please write in any additional comments or concerns.

Do you recommend that this proposal be approved? YES NO

Signature: _____ Title: _____ Date: _____