

# GRCC Grant Cover Page and Application

Support Staff Professional Development (SSPD)

## Grants Department

### APPLICANT INFORMATION

Name:	
Job Title/Department:	
Office Address:	
Phone:	
Email Address:	
Grant Cycle (select by indicating year): September:            (year) / January:            (year)	
Purpose of Grant:	
Date(s) of Activity:	Amount Requested:

Note: Grant limit is \$2,500

### Previous Grants

Have you ever been awarded an SSPD grant in the past five years?    Yes       No

If yes, please list previous SSPD grant awards by year and activity for the past five years only.

Year	Proposal Activity

**Applicants are required to submit a report on previous grant activities to be considered for funding.**

Have you submitted a report on your SSPD activities?       Yes       No

### Required Attachments Checklist

The following items must be submitted as part of your SSPD application packet:

- ✓ Application Cover Page & Application Form
- ✓ Grant Budget Form
- ✓ Budget Documentation
- ✓ Supervisor's Approval Form

The applicant is responsible for providing all documents and attachments to the Grants Department by the deadline. **Applications must be received by the deadline, with no exceptions.** Please submit an electronic copy of your SSPD application packet via email by **5:00 p.m. on the application deadline due date** to Lisa Dopke at [ldopke@grcc.edu](mailto:ldopke@grcc.edu).

**Instructions:** Thoroughly answer each question below. **All SSPD applications must be typed.**

**Proposed Activity**

- 1. 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 sessions you plan to attend.**
  
- 2. Are similar activities offered internally through GRCC? If so, describe how this activity differs from what is currently available.**
  
- 1. What is the relevance of the proposed activity to the strategic priorities of the college (Student Success Pathways, Transfer Pathways, or Workforce Pathways)?**
  
- 3. How will this proposal have an impact on student learning and/or enhance student success within the context of your job/position at the college?**
  
- 4. What is the relevance of this request to your current job responsibilities and/or to the needs of your department? Be specific about how the activity is applicable to your current job responsibilities (i.e., how it will impact your work) or other needs in your department (i.e., state the need and how the activity will help to address the need).**
  
- 5. How do the proposed activities advance your own career development goals?**
  
- 6. How will you engage others in the learning process by disseminating activity results to those in your department or the wider campus community (whichever is most applicable)?**
  
- 7. 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.)**

**Applicant Signature (required)**

By signing this form, I attest that all information included in this application is a true and accurate representation of the proposed activities for which funds are requested from the IIPD program.

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**Signature**

**Date**

## SSPD Budget Form

Please list each expense for which you are requesting IIPD funds. You must provide an explanation for each item, and provide documentation to support your cost estimate (i.e., conference materials detailing costs, web page print-outs confirming airfare and lodging rates, etc.). Budget expenses must adhere to all [GRCC policies](#).

**REMINDER: Be sure to scan the budget documentation into PDF format, and attach it with your email submission. Applications are considered incomplete without documentation for budget items.**

Item	Cost (\$)	Total	Explanation
Registration fee			
Workshop fees			
Airfare			
Ground Transportation			
Mileage	$\frac{\text{total mileage}}{\text{total mileage}} \times \frac{.545\phi/\text{mile}}{\text{mileage rate}}$		
Car rental			
Parking			
Lodging	$\frac{\text{nightly rate/taxes}}{\text{nightly rate/taxes}} \times \frac{\# \text{ of nights}}{\# \text{ of nights}}$		
Meals			Based on current annual GSA meal and incidental expense rates. See <a href="http://www.gsa.gov/perdiem">www.gsa.gov/perdiem</a> for rate at location of grant activity per GRCC policy.
Materials & Supplies			
<b>GRAND TOTAL</b>			

# GRCC Supervisor's Approval Form

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

<b>Applicant Name:</b>	<b>Department:</b>
<b>Form Completed by:</b>	<b>Title:</b>

Please answer the following questions about the applicant and their proposal.

1. Is the applicant's position grade 16 and below?  Yes  No
2. Has the applicant successfully completed their probationary period of employment?  Yes  No
3. Is the applicant actively working and not on leave?  Yes  No

**If you answered no to questions 1, 2 or 3, the applicant is ineligible for an SSPD grant.**

4. Will proposed activity have an impact on student learning and/or enhance student success within the context of the staff member's job/position at the college?  Yes  No

Comments for the review team:

5. Will this proposal support the work of your department?  Yes  No

Comments for the review team:

6. Is the proposal applicable to the applicant's existing responsibilities?  Yes  No

Comments for the review team:

7. Does the proposal foster the applicant's professional development goals?  Yes  No

Comments for the review team:

8. Will the individual's absence create a burden to the department/college?  Yes  No

Comments for the review team:

9. Is the department willing to make a financial contribution to this activity?  Yes  No

Comments for the review team:

10. Do you have any additional comments or concerns?  Yes  No

If so, please describe.

11. Do you recommend that this proposal be approved?  Yes  No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_