

Southern Arkansas University Tech Foundation
Faculty & Staff Professional Development Grant

Any employee of SAU Tech with validated requirements to complete professional development or a project for a given contract year may submit a request for a grant. Applications that are incomplete will not be considered for funding. Completed applications should be forwarded to Supervisors, who will review and forward to the office of Institutional Advancement.

Name _____
Last First Middle

Department _____ Title _____

Phone _____ Email _____



PROGRAM/CONFERENCE/WORKSHOP INFORMATION

Program Title _____

Program Sponsor _____
(If Applicable) (E.g. National Business Education Convention, AATYC, etc.)

Sponsor's Address _____
Street/PO Box City State Zip

Sponsor's Telephone Number _____ Sponsor's Fax Number _____

Sponsor's Email _____

Program Date(s) _____ Location _____

How will this activity or project improve your ability to perform job duties and/or serve students? (30 points)

How will this activity benefit your department? (30 points) _____

ESTIMATE EXPENSES FOR TRAVEL ONLY (10 points)
(Please attach the separate budget sheet if this request does not involve travel)

| | |
|------------------------------|-----------------|
| Registration | \$ _____ |
| Ground Travel/Transportation | \$ _____ |
| Air Travel/Transportation | \$ _____ |
| Lodging | \$ _____ |
| Meals | \$ _____ |
| Other/Misc. | \$ _____ |
| TOTAL | \$ _____ |

 APPLICANT SIGNATURE

 DATE

 SUPERVISORS SIGNATURE

 DATE



CHECK LIST

I, the applicant, have (checklist must be complete, in order for a request to be considered)

- Completed and signed the grant request form
- Supervisor's approval/signature
- Attached and signed SAU Tech Leave Form (if Applicable)
- Attached and signed the SAU Tech Travel Request (if Applicable)



THIS SECTION IS TO BE COMPLETED BY THE GRANT COMMITTEE

 Director of Institutional Advancement

 DATE

 SAU TECH EMPLOYEE COMMITTEE CHAIR SIGNATURE

 DATE

 SAU TECH CHANCELLOR SIGNATURE

 DATE

The approved application was forwarded to the SAU TECH Foundation Treasurer _____
 Date

The grant applicant was notified of the approval denial of the request.

 APPLICANT WAS NOTIFIED BY (NAME OF GRANT COMMITTEE MEMBER)

 DATE

Project Budget Form (10 points)

| Expense | Justification (Explain why) |
|--------------------|------------------------------------|
| | |
| | |
| | |
| Total Cost: | |