Faculty Development Award Application &

Note: Please refer to the Faculty Development Award Accouncement 2022-2023 for detailed instructions/information on your proposal submission.

| * This form will record your name, please fill your name. | | |
|---|--|--|
| | | |
| | | |
| 1. Full name | | |
| | | |
| | | |
| 2. Email address | | |
| | | |
| | | |
| 3. Position | | |
| | | |

| 4. | Department | | |
|----|---------------|---|--|
| | \bigcirc | 1-Test Department | |
| | \bigcirc | Accounting and International Business | |
| | \bigcirc | Arts and Communications | |
| | \bigcirc | Criminal Justice and Social Work | |
| | \bigcirc | English | |
| | \bigcirc | Finance and Management Information Systems | |
| | \bigcirc | General Business, Marketing & Supply Chain Management | |
| | \bigcirc | History, Humanities, and Language | |
| | \bigcirc | Library | |
| | \bigcirc | Management & Insurance & Risk Management | |
| | \bigcirc | Mathematics and Statistics | |
| | \bigcirc | Natural Sciences | |
| | \bigcirc | Social Sciences | |
| | \bigcirc | Urban Education | |
| | | | |
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| 5. | Pho | ne | |
| | | | |
| | | | |
| _ | - **.1 | | |
| 6. | Title | of Development Opportunity | |
| | | | |

| Class or Workshop Participant | |
|--|--|
| Attendant for teaching and/or research training | |
| Cluster/session organizer or chair | |
| Discussant in cluster or session | |
| Panelist | |
| O Poster Session presenter | |
| Other | |
| | |
| | |
| | |
| 8. Other Participation | |
| 8. Other Participation (If Other is selected from the Participation dropdown, please specify) | |
| | |
| | |
| (If Other is selected from the Participation dropdown, please specify) | |
| (If Other is selected from the Participation dropdown, please specify) 9. Status of Opportunity | |
| (If Other is selected from the Participation dropdown, please specify) 9. Status of Opportunity Select all that apply | |
| (If Other is selected from the Participation dropdown, please specify) 9. Status of Opportunity Select all that apply Submitted proposal | |
| (If Other is selected from the Participation dropdown, please specify) 9. Status of Opportunity Select all that apply Submitted proposal Accepted for participation | |
| (If Other is selected from the Participation dropdown, please specify) 9. Status of Opportunity Select all that apply Submitted proposal | |
| (If Other is selected from the Participation dropdown, please specify) 9. Status of Opportunity Select all that apply Submitted proposal Accepted for participation | |

7. Your Participation

| 10 | . Other Status of Opportunity | | | |
|----|--|-----------------------|----------|--|
| | (If Other is selected from the Status of Opportuni | ty dropdown, please s | specify) | |
| | | | | |
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| 11. | Rationale: Direct Benefits |
|-----|---|
| | Please describe the <i>direct benefits</i> of the development opportunity to your professional development as a faculty member; and its <i>direct benefit</i> to your department, college or UHD; |
| | |
| | |
| 12. | Rationale: Need for Financial Support |
| | Please describe your need for financial support |
| | |
| | |
| 13. | Rationale: Funding Justification |
| | Please provide a brief justification for all requested funds |
| | |
| | |
| 14. | Attach a copy of the <u>GSA.gov</u> reimbursement rates to which you refer |
| | □ Upload file |
| | File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF |
| | |
| 15. | Meeting Dates |
| | |
| | |

| 16. | Registration Deadlines |
|-----|-----------------------------------|
| | |
| | |
| 17. | Total Amount of Funding Requested |
| | |
| | |

Detailed Budget

Indicate amount of funding needed for all items that apply. Do not exceed state rates. As warranted, breakout Registration Fees, Lodging (i.e. $$100 \times 4 = 400), Meals, Transportation (air and ground), Parking, Materials. **(*You**

| 18. | Registration Fee | | |
|-----|-----------------------|--|--|
| | | | |
| | | | |
| 19. | Lodging | | |
| | | | |
| | | | |
| 20. | Meals | | |
| | | | |
| | | | |
| 21. | Ground Transportation | | |
| | | | |
| | | | |
| 22. | Air Transportation | | |
| | | | |

| 23. | Parking |
|-----|---|
| | |
| | |
| 24. | Materials/Supplies |
| | |
| | |
| 25. | Other Budget Items |
| | |
| | |
| 26. | Other Funding Sources Are you requesting monies from other sources to help fund this proposal? |
| | Yes |
| | ○ No |
| | |
| | Other Funding Source |
| | If yes, indicate the source(s) |
| | |
| | |
| 28. | Other Funding Source Amount |
| | If yes, indicate the amount of funding being requested |
| | |

| 29. | Department Funds |
|-----|---|
| | If no, indicate whether Departmental funds were denied, not available, etc. |
| | |
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| | |
| 30. | Awarded Past 2 Years |
| | Were you awarded a Faculty Development Grant in the past two years? |
| | |
| | Yes |
| | ○ No |
| | |
| | |
| | |
| 31. | Past Award Month/Year |
| | If yes, specify the month and year |
| | |
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| | |
| 32. | Past Award Description |
| | If yes, describe how you used the award to enhance the University's education mission |
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| | |
| 33. | Partial Funding Accepted |
| | Would you accept partial funding? |
| | ○ Vos |
| | Yes |
| | ○ No |

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