Professional Development Grants
2020

Name: ________________________________
Title: ________________________________
Department: __________________________
Daytime Phone: _________________________
Email: _______________________________
Project/Technology: ____________________
Requested Funding Amount: ______________
Applicant’s Signature: ____________________
Department Chair’s Signature (if applicable): ____________________
Dean’s Signature: _______________________
Optional:
Signatures of supporters of the project/technology:

____________________________________
____________________________________
____________________________________
1. Have you previously received funding from the Gateway Community College Foundation for a professional development grant? Yes or No

2. Brief Summary of the Project/Technology: In your summary, please include a description of the project/technology and the population that will be impacted. Include the purpose or need of the project/technology. Outline the timeframe in which the activities will be conducted. (You can attach this as a timeline/work plan.)

3. How is this project/technology relevant to the mission of Gateway Community College and your particular department/program?

4. Provide a detailed list of the specific objectives of this project/technology and the number of people who will be impacted.

5. What metrics will be used to evaluate the success of your project or technology use? (Examples: peer review, survey, achievement comparison).

6. Give a brief history of the project/technology. What information/experience led you to design this project/technology?

7. If the Gateway Community College Foundation can only partially fund this project/technology, what will be the effect?

8. Who will be the primary contact(s) responsible for the project/technology and what expertise or special qualifications do they bring?

9. How can you leverage this grant from the Gateway Community College Foundation?

10. Please attach a separate page listing with signatures of supporters to your project/technology request.
Budget Worksheet

Using the following form, please provide a detailed budget narrative to this budget worksheet. PLEASE ATTACH ESTIMATES FROM VENDORS AND/OR SERVICE PROVIDERS.

<table>
<thead>
<tr>
<th>Total Project Expenses</th>
<th>Requested from Fund</th>
<th>Other Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equipment:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Supplies:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Labor &amp; Contracted Services:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Conference Fee:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Accommodations:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>