

Name:	Ext:	M/C:	E-Mail Address:
Participant Name:		Staff Position Title:	
Project Title:			
Project Location:		Project Begins: Project Ends.	
Dept:	College/Division:	Exempt or Non-Exempt:	

Have you received a Staff Development Grant within the last 3 years? Yes _____ No _____
If yes, which year? _____

Have you attended a Staff Development Grant Training within the last 12 months? Yes _____ No _____
If yes, date attended? _____

I understand that Staff Development funds awarded for this project are to be used only for this project. If the project is not realized during the dates indicated above, the funds will be returned to Staff Development. Project must be completed and all paperwork complete within 6 months of the application deadline.

Applicant Signature _____ Date _____

Supervisor acknowledgement of funding application:

Print Name: _____ Signature: _____

Committee Representative Signature:

Print Name: _____ Signature: _____

Find your representative by visiting http://www.weber.edu/staffdevelopment/Committee_Members.html

Representative signature indicates application is complete. It does not guarantee funds will be awarded.

Individuals are not eligible to be funded for Staff Development grants until they have completed 6 months employment at the University.

The proposal will be evaluated on the criteria below. Please complete each section and attach all conference agenda, schedules, airfare information, lodging, etc. Conference flyers must include a date of the event.

DESCRIPTION OF PROJECT (Criteria to be included: your involvement in the project, relation of project to your job position, enhancement of job skills, other) **If you are going to conference / workshop, attach copy of agenda and other supportive information.**

BENEFITS TO INDIVIDUAL (Criteria to be included: increased knowledge, new technologies, effective student interventions, refining professional skill, other)

BENEFITS TO UNIVERSITY (Criteria to be included: cost effectiveness, University exposure, excellence in education, meets community or student needs, provides a service to students, new concepts, training opportunities, application of acquired skill from project, other)

BENEFITS TO DEPARTMENT (criteria to be included: increased knowledge, increased department focus or direction, meeting student or community needs, increased recruitment techniques, development of new skills, other)

PROJECT BUDGET WORKSHEET

EXPENSES	Staff Development Funding Requested	Department Funding Available for Applicant	Funding Available from: _____
Air Fare	\$	\$	\$
Ground Transportation type: _____	\$	\$	\$
Lodging	\$	\$	\$
Fees (registration, etc)	\$	\$	\$
Printing	\$	\$	\$
Catering	\$	\$	\$
Honorarium for Speaker(s)	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Totals for each area	\$	\$	\$
Project Total Cost	\$		

1. **Note:** Print out one copy of this to send to the Staff Development Committee Chair (a current list of committee members can be found at http://weber.edu/staffdevelopment/Committee_Members.html). Remember, if you are going to a conference or workshop, you will need to send a copy of the agenda and any other supportive information along with the application.
2. Be aware that the Staff Development Committee will not consider any increase in funding for cost overages. You or your department must absorb any costs in excess of the amount appropriated by the committee.

STAFF DEVELOPMENT PROPOSAL EVALUATION (Scoring Sheet)

Please make a copy of this form to go along with your application packet.

Name of Applicant:	Project Title:	
Staff Position:	Dept:	College/Division:

Amount of funding requested \$ _____

Instructions: Rate the proposal using the table below.

Description of Project	
Learning new, updating professional skills (active, hands-on experience directly related to subsequent personal, program, college development; professional presenters)	0-15 Points: _____
Supportive data	0-10 Points: _____
Previously funded within three years? (3+ years 20 points, 2 years 10 points, 1 year 0-10 points)	0-20 Points: _____
Overall Impact of Project	
Benefit to individual	0-10 Points: _____
Benefit to university	0-20 Points: _____
Benefit to department	0-10 Points: _____
Funding From Other Sources	
Is there funding from other sources? (circle one)	Yes No
Amount of other funding: \$ _____	0-25 Points: _____
Sources of other funding: _____	
Training	
Attended Staff Development Training	0-10 Points: _____
Total Number of Points	
120 points	Possible: _____
Proposal Recommendation	
Do you recommend awarding this proposal? (circle one)	Full Partial None
Comments	