

FACULTY/STAFF PROFESSIONAL DEVELOPMENT

Guidelines for financial assistance for professional development activities

ELIGIBILITY CRITERIA:

1. Must be a benefited employee and have successfully completed a six month probationary period
2. Must have supervisor approval
3. Must fit the mission of DCB and provide a direct benefit to the institution
4. Must pertain to area of employment
5. Must improve performance and/or knowledge base

GRANT SPECIFICATIONS:

1. Grant may be awarded to an employee at a maximum of \$2000 per fiscal year
2. Grant may be applied to tuition, fees, books, and required materials for courses
3. Grant may be applied to registration fees, and travel expenses, excluding meals, for workshops and conferences
4. Grant shall not exceed actual expenses for any course or workshop/conference
5. Grant recipient shall provide a follow-up report to supervisor upon completion of the course or workshop/conference using the Professional Development Final Report

THE COMMITTEE WILL NOT APPROVE FUNDING FOR:

1. Computer hardware
2. Software
3. Equipment
4. Individual memberships to associations or organization
5. Training/certification that is generally considered a requirement for initial and continued employment

APPLICATION REQUIREMENTS:

1. Must obtain prior approval from supervisor
2. Supervisor will submit application to Faculty or Staff Professional Development Committee
3. Must receive approval from Faculty or Staff Professional Development Committee and Campus Dean prior to registration for course or workshop and/or making travel arrangements

Faculty/Staff Professional Development Application
Please limit proposal length to no more than three (3) pages.
All funded proposals will require a final report
including evaluation process and outcomes.

Date of Application:	
Name of Employee Requesting Funds:	
Department or Program Area:	
Email:	Phone Extension:
Amount of Request:	Professional Development Period: __/__/__ to __/__/__
Authorizing signature to submit application:	
_____	_____
Supervisor/Department Chair Approval	Date

1. Title of activity or reason for request:
2. Description of activity:
3. Description of need:
4. Project goals, including links to the college's strategic goals:
5. Evaluation (anticipated outcomes and how success will be measured).
6. Is this a collaborative effort? If so, please explain and identify all participants.
7. Project Budget. Include an itemized budget and identify any funds sought/secured from other funding sources.
8. Explain why this request is not being funded through the department's operating budget.
9. If this is an ongoing project, what will be the source of future funding?
10. Have you received funding from the Professional Development fund in the past two years for this or any other project? If so, please explain.

Committee recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Do not approve	
_____	_____
Committee Chair	Date
Final decision: <input type="checkbox"/> Approve <input type="checkbox"/> Do not approve	
_____	_____
Campus Dean	Date

Professional Development Final Report

Date Submitted:		
Name of Employee:		
Professional Development Request:		
Email:	Phone Extension:	
Amount of Grant:	Grant Period: __/__/__ to __/__/__	
Authorizing Signatures:		

Supervisor/Dept. Chair Approval	Campus Dean Approval	Date
_____	_____	_____

- 1) Provide a brief description of the professional development activity.
- 2) Provide a brief description of how this activity will benefit Dakota College at Bottineau.

Note: Upon successful completion of the course, workshop or conference and approval of the final report, the employee will be able to submit paperwork for reimbursement of approved expenses.