



**SOLANO COMMUNITY COLLEGE**  
**Faculty Professional Development**  
**GRANT APPLICATION**

**Academic Year** \_\_\_\_\_ **Application #** \_\_\_\_\_ **Date application rec'd** \_\_\_\_\_

Directions: Please type, or print clearly. Return the application to the Academic Senate Office (Building 600, Room 610). Applications may be submitted until the 1<sup>st</sup> Monday in May or until all funds are encumbered. The Travel Authorization Form signed by your Dean (authorizing your travel) must accompany your application.

- **Please review Flex Test criteria and rubric to ensure your request is eligible for PD funds before completing this application**

Name:	School:
Department:	Email address:
Phone number:	
I work <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent-less-than-100%; specify % _____ <input type="checkbox"/> Part-time; specify load % or hours/week _____	Home address (for mileage calculation) Number & Street: Apt. #: City/State/Zip:
Activity <input type="checkbox"/> Conference / Workshop / Seminar <input type="checkbox"/> Department Project or Retreat <input type="checkbox"/> Other	Title:
Inclusive dates:	Location:

**ATTACH brochure/flyer** that describes the activity, including location, dates, schedule, and registration costs (required). For other events attach a brief description.

**Indicate the Chancellor's Office Authorized Use for Professional Development funds that applies to your activity:** (see separate sheet for more definitions & examples for each category)

<small>California Education Code, Title 3. Postsecondary Education, Division 7. Community Colleges, Part 51. Employees, Chapter 1. provisions Applying to All Employees, Article 5. Community College Faculty and Staff Development Fund, Section 87153. Authorized Uses of Faculty and Staff Development Funds</small>	
1.	Improvement of teaching
2.	Maintenance of current academic and technical knowledge & skills
3.	In-Service training for vocational education & employment preparation programs
4.	Retraining to meet changing institutional needs
5.	Intersegmental exchange programs
6.	Development of innovations in instructional & administrative techniques & program effectiveness
7.	Computer & technological proficiency programs
8.	Courses & training implementing affirmative action & upward mobility
9.	Other activities determined to be related to educational & professional development pursuant to criteria establish by the Board of Governors of the California Community Colleges, including, but not necessarily limited to, programs designed to develop self-esteem

Briefly describe how your activity relates to the Authorized Use(s) selected above (attach page if needed):



**LINKAGE TO STRATEGIC OBJECTIVE(S)** (Identify for which this is intended):

**Goal 1: Foster Excellence in Learning**

- Obj. 1.1 Create an environment that is conducive to student learning.
- Obj. 1.2 Create an environment that supports quality teaching .
- Obj. 1.3 Optimize student performance on Institutional Core Competencies .

**Goal 2: Maximize Student Access & Success**

- Obj. 2.1 Identify and provide appropriate support for underprepared students.
- Obj. 2.2 Update and strengthen career/technical curricula.
- Obj. 2.3 Identify and provide appropriate support for transfer students.
- Obj. 2.4 Improve student access to college facilities Enrollment Management Plan.
- Obj. 2.5 Develop and implement an effective Enrollment Management Plan.

**Goal 3: Strengthen Community Connections**

- Obj. 3.1 Respond to community needs.
- Obj. 3.2 Expand ties to the community.

**Goal 4: Optimize Resources**

- Obj. 4.1 Develop and manage resources to support institutional effectiveness.
- Obj. 4.2 Maximize organizational efficiency and effectiveness.
- Obj. 4.3 Maintain up-to-date technology to support the curriculum and business function.

**Indicate the Professional Development learning outcome that fits your activity (mark all that apply):**

<input type="checkbox"/>	1. I will be able to use technology more effectively and innovatively with the information/skills I learned.
<input type="checkbox"/>	2. I will be able to use instructional models that are grounded in sound pedagogy & best practices as a result of the information & skills I learned to improve student success in my classes.
<input type="checkbox"/>	3. I will be able to create working & learning environments that are inclusive, engaging, challenging, relevant, welcoming, purposeful, & responsive to diverse cultures with the information/skills I learned.
<input type="checkbox"/>	4. My knowledge about the statewide Community College system, the district and/or Centers has increased.
<input type="checkbox"/>	5. My participation has increased my morale and well-being.

Is your registration fee waived? [ ] Yes [ ] No **If yes, provide amount:** \_\_\_\_\_

Are you being paid or receiving a stipend? [ ] Yes [ ] No **If yes, provide amount:** \_\_\_\_\_

Have you applied for or received funds from other sources (e.g., 3SP, Equity, Basic Skills, other)? [ ] Yes [ ] No

If yes, please indicate

Source: \_\_\_\_\_

Amount: \_\_\_\_\_

Total amount of PD funds requested: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_