



SOLANO COMMUNITY COLLEGE

## Faculty/Staff Professional Development GRANT APPLICATION

**Directions:** Please type. Return a hard copy of the application to the Professional Development Admin (Building 400 Room 421). 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 Supervisor (authorizing your travel) **must** accompany your application.

**Please review rubric to ensure your request is eligible for PD funds before completing this application.**

Name:	School:						
Department:	Email address:						
Phone number:	Home address						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">I work</td> <td style="width: 50%; border: none;">I am</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Full-time</td> <td style="border: none;"><input type="checkbox"/> Faculty</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Part-time</td> <td style="border: none;"><input type="checkbox"/> Staff</td> </tr> </table>	I work	I am	<input type="checkbox"/> Full-time	<input type="checkbox"/> Faculty	<input type="checkbox"/> Part-time	<input type="checkbox"/> Staff	Number & Street: Apt. #: City/State/Zip:
I work	I am						
<input type="checkbox"/> Full-time	<input type="checkbox"/> Faculty						
<input type="checkbox"/> Part-time	<input type="checkbox"/> Staff						
Activity <input type="checkbox"/> Conference / Workshop / Seminar <input type="checkbox"/> Department Project or Retreat <input type="checkbox"/> Other: _____	Title of Activity:						
Inclusive dates:	Location:						

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

Describe ***in your own words*** how your activity meets the California Ed Code Authorized Use(s) and Solano Strategic Goal(s) indicated below:

- *How do you anticipate this activity promotes faculty/staff development? and/or*
- *How do you anticipate this activity supports Solano students? and/or*
- *How do you anticipate this activity promotes instructional improvement?*

Also, please describe how you plan to share your knowledge with colleagues. **Attach your typed description.**

**Indicate the Authorized Use(s) of Faculty and Staff Development funds that pertain to your activity:**

(see PD Grants & Procedures or PDFC website for more definitions & examples for each category)

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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. Improvement of teaching  |
| <input type="checkbox"/> | 2. Maintenance of current academic and technical knowledge & skills   |
| <input type="checkbox"/> | 3. In-Service training for vocational education & employment preparation programs   |
| <input type="checkbox"/> | 4. Retraining to meet changing institutional needs  |
| <input type="checkbox"/> | 5. Intersegmental exchange programs   |
| <input type="checkbox"/> | 6. Development of innovations in instructional & administrative techniques & program effectiveness  |
| <input type="checkbox"/> | 7. Computer & technological proficiency programs  |
| <input type="checkbox"/> | 8. Courses & training implementing affirmative action & upward mobility   |
| <input type="checkbox"/> | 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 |



**Indicate the Solano Community College Strategic Goal(s) that pertain to your activity (mark all that apply):**

- Goal 1:** Honor and empower students by helping them succeed in achieving their educational or career goals.
- Goal 2:** Honor and empower students to transfer in a timely fashion.
- Goal 3:** Honor and empower students to attain their education goals in a timely fashion while embracing the process of learning.
- Goal 4:** Honor and empower students to gain meaningful employment/careers in their chosen field of study.
- Goal 5:** Honor and empower student equity and success by eliminating equity gaps with a focus on disproportionately impacted populations.
- Goal 6:** Strengthen ties to the community and local school districts to ensure access to college for all students.
- Goal 7:** Honor and empower the college community by maintaining adequate and sustainable financial resources to create an environment that supports teaching and learning.
- Goal 8:** Maintain a campus culture that honors and empowers teaching and learning.

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

- I will be able to use technology more effectively and innovatively with the information/skills I learn.
- I will be able to use instructional models that are grounded in sound pedagogy & best practices as a result of the information & skills I learn to improve success of students at Solano.
- 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 learn.
- My knowledge about the statewide Community College system, the district and/or Centers will increase.
- My participation will increase 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 other funds (e.g., 3SP, Equity, etc.)?  Yes  No **If yes, provide amount:** \$ \_\_\_\_\_

Total Estimated Expenses (Travel Authorization and Request Claim Form) . . . . .	\$ _____
Less Amount Waived, Paid, or Funded Otherwise . . . . .	\$ _____
Total amount of PD funds requested . . . . .	\$ _____

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I verify this professional development opportunity will **not** be used for pay advancement. In the event I am awarded this grant, the PDFC committee has permission to announce my award.

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

\_\_\_\_\_  
Date

<i>Office Use Only</i>	
Application #: _____	Comments: _____ _____ _____ _____
Date Completed: _____	
Date Evaluated: _____	
Date Part III: _____	
Date Forwarded: _____	