



*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.

<b>Total Project Expenses</b> (be as specific as you can)	<b>Requested from Fund</b>	<b>Other Funding Source</b> (identify amount and source)
<u>Equipment:</u>	\$	\$
<u>Supplies:</u>	\$	\$
<u>Labor &amp; Contracted Services:</u>	\$	\$
<u>Conference Fee:</u>	\$	\$
<u>Accommodations:</u>	\$	\$
<u>Other:</u>	\$	\$
<b>TOTAL</b>	\$	\$