University *of* California, Merced

Unit 18 Faculty Professional Development

**Application for Professional Development Fund**

**I. Personal Information**

Name of Applicant: Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment dates (start and end dates of current contract): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of Appointment (check one): \_\_\_\_\_100%\_\_\_\_50% \_\_\_\_\_33% \_\_\_\_\_25% Other: \_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates on which money has been or would be spent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Project Description / Description of Purpose**

*Please briefly describe the project or purpose for which you are seeking professional development funds.*

**III. Statement of Pedagogical Relevance**

*Please briefly explain how this project relates to your classroom duties.*

**IV. Budget**

Please attach a tabulated budget of your expenses (and include copies of your receipts or researched estimates and make sure to keep the original in your records), among which may be:

*Airline Travel:*  A figure (or quote) for air travel must be obtained and attached to the application. Indicate the source (i.e. Orbitz, UA, AA, etc.) and date of the figure/estimate.

*Other Travel:* This includes taxis, public transit, bikes, rental cars, ferries, etc. For personal auto, state mileage and calculate at $0.58 per mile. Please indicate the source and the date of all estimates, and/or copies of actual receipts.

*Accommodations & Meals:* Please indicate costs associated with lodging in hotels, hostels, dorm facilities, etc. Please indicate the source and the date of all estimates, and/or copies of actual receipts. The daily meal and incidental expense cap for travel within the continental United States is $62. Expenses for items you would buy at home are not reimbursable.

*Attendance/Entrance Fees:* Please indicate costs and fees of professional memberships, associated materials, conferences, workshops, etc. (Specify name of event, location, and dates.)

*Professional Supplies:* Please indicate the costs associated with the purchase of items such as software, tools, instruments, supplies, materials, equipment, books, scores, CDs, DVDs, etc. Attach statements from library or department that these items are not otherwise available through the university.

*Hiring Fees:* If your project requires hiring, please indicate the costs as well as a brief description of the work to be performed in terms of its relevance to your project. Include hours to be worked and rate of pay.

For retroactive requests, attach copies of all appropriate itemized receipts.

(**See Guidelines and Policy for specific restrictions**).

**V. Letters of Support**

*While not required, letters of support are strongly encouraged for proposals regarding course development. A letter of support from a peer helps underscore the significance of a project.*

**VI. Written Confirmation of an Unit 18 faculty appointment**

*Lecturers requesting grant monies to be used in the summer or later must provide written confirmation of a Unit 18 faculty appointment for all or part of the upcoming academic year. Said written confirmation shall come from either a department/program chair or your School’s dean.*

**VII. Funding From Other University Sources**

*In accordance with the Guidelines and Policies, note alternative or supplementary funding for your project.*

**VIII. Required Signatures**

***The applicant’s unit chair or your School’s dean must sign this application.*** *Signature indicates that the applicant is Unit 18 Faculty in good standing for the period of the grant, and approval of the statement of pedagogical relevance in section III.*

Name and University Title of Dean/AP Chair: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean or/AP Chair: \_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission of Form:**

**Incomplete applications will not be accepted.**

**Please submit a PDF or Word file of completed application to the Academic Personnel Office central email:** **academicpersonnel@ucmerced.edu****.**

If you have questions or concerns about your application, please contact the UC-AFT Council on Professional Development Chair at dmello2@ucmerced.edu and/or review the Unit 18 Faculty Professional Development Fund Guidelines and policies or Frequently Asked Questions available on the Academic Personnel Office website.