## Applicant Information

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| --- |
| Name: |
| Job Title/Department: |
| Office Address: |
| Phone: |
| Email Address: |
| Grant Cycle (select by indicating year): October: (year) / March: (year) |
| Purpose of Grant: |
| Dates of Activity: | Amount Requested: |

Note: Grant limit is $5,000

**Previous Grants**

Have you ever been awarded an IIPD grant in the past five years? 🞎 Yes 🞎 No

If yes, please list previous IIPD grant awards by year and activity for the past five years only.

|  |  |
| --- | --- |
| **Year** | **Proposal Activity** |
|  |  |
|  |  |
|  |  |

A requirement of the IIPD program is that you engage others in the learning process by disseminating activity results to the wider campus community. Please describe how you disseminated the results of your most recent IIPD-funded activity.

**Required Attachments Checklist**

The following items must be submitted as part of your IIPD application packet:

* Grant Cover Page & Application Form
* Grant Budget Form
* Budget Documentation
* Dean’s Approval Form
* Department Head/Program Director Approval Form

The applicant is responsible for providing all documents. **Applications must be received by the deadline, with no exceptions.** Please submit an electronic copy of your IIPD application packet via email by **5:00 p.m. on the application deadline** **date** to Lisa Dopke at ldopke@grcc.edu.

**Proposed Activity**

1. **Describe the activity for which you are requesting an IIPD grant. If you are proposing to attend a conference, please indicate the name of the conference and the specific workshops you plan to attend. Also, please indicate if you will be a presenter.**
2. **Are similar activities offered internally through GRCC? If so, describe how this activity differs from what is currently available.**
3. **What is the relevance of the proposed activity to the strategic priorities of the college (Student Success Pathways, Transfer Pathways, or Workforce Pathways)?**
4. **How will this activity have an impact on student learning and enhance student success?**
5. **How will this activity result in new avenues of instruction (e.g., changes in curriculum, teaching strategies, etc.)?**
6. **What is your specific plan for assessing the impact of this activity on student learning?**
7. **How will you engage others in the learning process by disseminating activity results with the wider campus community? Please check one or more of the options below and further describe your plans.**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | Videotaped presentation posted on the Center for Teaching Excellence or other webpage (via GRCC Media Technologies or another source ) | 🞎 | PowerPoint or other form of presentation posted on Center for Teaching Excellence or other webpages |
| 🞎 | Learning Day presentation | 🞎 | Teaching and Learning Showcase |
| 🞎 | Faculty workshop | 🞎 | Departmental presentation |
| 🞎 | Campus-wide or public presentation | 🞎 | Other |

**If other, please describe.**

**Please provide further details about your plans for dissemination.**

1. **How does this activity support the objectives/priorities for your department?**
2. **How does this activity foster your own professional development goals, as indicated in your FPE or similar professional development plan?**
3. **Describe how this activity is related to your existing job responsibilities?**
4. **Will undertaking this activity create the need for you to cancel classes? If so, have you discussed this with your department head? What plans have been developed to manage your absence?**
5. **If your proposal is not fully funded, what is your plan for obtaining the balance of funds needed? Describe prospective and existing sources of funds (i.e., department budget, C3, personal funds, etc.)?**
6. **Are there other comments you would like to share with the IIPD Review Committee in support of your application?**

By signing this form, I attest that all information included in this application is a true and accurate representation of the proposed activities for which funds are requested from the IIPD program.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |

**IIPD Budget Form**

Please list each expense for which you are requesting IIPD funds. You must provide an explanation for each item, and provide documentation to support your cost estimate (i.e., conference materials detailing costs, web page print-outs confirming airfare and lodging rates, etc.). Budget expenses must adhere to all [GRCC policies](https://www.grcc.edu/generalcounsel/policies).

**REMINDER: *Be sure to scan the budget documentation into PDF format, and attach it with your email submission. Applications are considered incomplete without documentation for budget items.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Cost ($)** | **Total** | **Explanation** |
| Registration fee |  |  |  |
| Workshop fees |  |  |  |
| Airfare |  |  |  |
| Ground Transportation |  |  |  |
| Mileage |

|  |  |  |
| --- | --- | --- |
|  | x | .545¢/mile |
| total mileage |  | mileage rate |

 |  |  |
| Car rental |  |  |  |
| Parking |  |  |  |
| Lodging |

|  |  |  |
| --- | --- | --- |
|  | x |  |
| nightly rate/taxes |  | # of nights |

 |  |  |
| Meals |  |  | Based on current annual GSA meal and incidental expense rates. See [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem) for rate at location of grant activity per GRCC policy. |
| Materials & Supplies |  |  |  |
| **GRAND TOTAL** |  |  |  |

To be eligible to apply for an IIPD grant, applicants must receive the approval of their associate dean (and department head or program director; see separate form). Please answer the following questions and return this form to the applicant. If approval is granted, this form must be submitted with the IIPD application.

|  |  |
| --- | --- |
| **Applicant Name:**  | **Department:**  |
| **Form Completed by:**  | **Title:**  |

**Please answer the following questions about the applicant and their proposal.**

|  |  |
| --- | --- |
| 1. Has the applicant successfully completed two years of their probation period of employment? | 🞎 Yes 🞎 No |
| 2. Is the applicant a permanent full-time faculty member, actively working and not on leave?  | 🞎 Yes 🞎 No |

**If you answered no to questions 1 or 2, the applicant is ineligible for an IIPD grant.**

|  |  |
| --- | --- |
| 3. Will this proposal have a direct impact upon student learning and enhance student success? | 🞎 Yes 🞎 No |
| Comments for the committee: |
| 4. Will the proposal help develop new avenues of instruction? | 🞎 Yes 🞎 No |
| Comments for the committee: |
| 5. Is the proposal consistent with the goals/priorities of the individual’s department? | 🞎 Yes 🞎 No |
| Comments for the committee: |
| 6. Is the proposal applicable to the applicant’s existing responsibilities? | 🞎 Yes 🞎 No |
| Comments for the committee: |
| 7. Does the proposal foster the applicant’s professional development goals as shown in the FPE or other plan? | 🞎 Yes 🞎 No |
| Comments for the committee: |
| 8. Will the individual’s absence create a financial burden to the department/college? | 🞎 Yes 🞎 No |
| Comments for the committee: |
| 9. Is the department willing to make a financial contribution to this activity? | 🞎 Yes 🞎 No |
| If so, please describe. |
| 10. Do you have any additional comments or concerns? |
| 11. Do you recommend that this proposal be approved?  | 🞎 Yes 🞎 No |
| **Signature:** |  |

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| --- | --- |
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| 2. Will the proposal help develop new avenues of instruction? | 🞎 Yes 🞎 No |
| Comments for the committee: |
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| 8. Do you have any additional comments or concerns? |
| 9. Do you recommend that this proposal be approved?  | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| **Signature** | **Date** |