

**ARKANSAS TECH UNIVERSITY
COLLEGE OF EDUCATION & HEALTH
FACULTY DEVELOPMENT GRANT**

Funding Eligibility Criteria for Fall 2022 – Spring 2023

Faculty Development Grant requests are expected to be consistent with ATU's mission and have a reasonable correlation to institutional goals, priorities, and constituencies. Funding is provided with the expectation that the developmental activity will increase the faculty members' knowledge and/or expertise as it relates to faculty responsibilities and plan for professional growth.

Eligible Funding Items

Items eligible for funding include:

- professional conferences for the purpose of staying current and/or leadership in a content area;
- professional conferences for the purpose of making a presentation or serving in a significant official capacity;
- professional development for specific knowledge and/or skill acquisition, including webinars and virtual conferences;
- professional organization memberships, consumable materials, and technology.

Faculty Eligibility and Funding

All full-time CEH faculty members, including visiting instructors, are eligible for funding. A maximum of \$120 has been allocated to each faculty member.

Procedures for Submitting a Request

Requests for funding should be submitted via email to Sylvia Cooper (scooper@atu.edu). Requests should include the Faculty Development Grant Request form and supporting documentation. Please attach a completed Academic Affairs Travel Request form (<https://www.atu.edu/academics/docs/academicaffairstravelrequest09.08.22.pdf>) with your department head's signature if you are traveling out-of-state.

Once your request has been approved, Sylvia Cooper will submit a budget transfer request to transfer the funds to the appropriate departmental budget for use.

Deadlines

For webinars and in-state travel, requests must be submitted *at least* two weeks in advance of expenditure. For out-of-state travel, requests must be submitted *at least* one month in advance of expenditure. Under no circumstances will after-the-fact requests be honored.

All allocated individual faculty development funds must be requested by February 1, 2023 and spent by June 30, 2023. All funds not requested by February 1, 2023, will be forfeited and pooled to create a competitive award process.

Fall 2022 – Spring 2023 Committee Members

Dr. Dana Tribble, Co-Chair, Emergency Management, Professional Studies, & Student Affairs Administration
Dr. Ellen Treadway, Co-Chair, Teaching & Educational Leadership
Dr. Robert Stevens, Kinesiology & Rehabilitation Science
Dr. Chantell Corkern, Nursing

For questions about travel and reimbursement procedures and supporting documentation, please Sylvia Cooper at scooper@atu.edu.

**Arkansas Tech University
College of Education and Health
Faculty Development Grant Request**

Please check the intended use of requested funds.

- ☐ Conference Attendance ☐ Conference Presentation/Contribution
☐ Webinar/Virtual conference ☐ Other Professional Materials

Name: _____ **T#:** _____

Conference/Webinar title, location, and dates (attach agenda or program, if available): _____

Registration Fee: _____

Other Professional Materials : _____

Signature: _____ **Date:** _____

If traveling, please complete the following section.

Estimates of costs are sufficient when requesting funds. Actual reimbursement will be dependent upon final costs, and will not exceed \$120. Meals and mileage will be calculated for you and do not need to be included in your cost estimates.

1. Departure Date: _____ Return Date: _____
2. Transportation: ☐ Personal vehicle ☐ ATU vehicle ☐ Other (Specify) _____
 - 2a. License plate number, if driving personal vehicle: _____
3. Estimated cost of parking, toll, and/or taxi expenses, if expected: _____
4. Estimated cost of airfare expenses, if expected: _____
5. Will you need lodging? Yes ☐ No ☐
 - 5a. If yes, number of nights: _____
 - 5b. Estimated cost per night: _____
6. Do you anticipate any other expenditures for this travel? If yes, please list:

For Use Only by College of Education and Health Dean

Dr. Linda Bean (required signature)

Date

For Use Only by Sylvia cooper

AATR, if needed: _____ Contacted: ____/____/____

Mileage: _____ Meals: _____

RO#: _____ Entered: ____/____/____