

REQUIRED COVER PAGE



APPLICATION FOR PROFESSIONAL DEVELOPMENT GRANT

**All questions must be completed to be considered for grant award.

Choose one: <input type="checkbox"/> Creative Activity <input type="checkbox"/> Research Activity <input type="checkbox"/> Professional Enhancement Activity	Application Deadline Date: _____ (i.e. October 1, February 3, or April 15)
	Date of Last PDG Award (Semester and Year awarded): _____
	Date of ATU Faculty Appointment (Semester and Year): _____

1. Project Title: _____

2. Name of Principal Investigator/Project Director: _____

3. Collge (abbrev): _____ 4. Department: _____ 5. Campus Mail Address: _____

6. PI/PD Campus Phone: _____ 7. Amount Requested: \$ _____ 8. Total Cost of Project: \$ _____

9. Will total funds awarded be expended by June 30th of the current fiscal year: Yes _____ No _____

10. If not, what is the total to be expended this fiscal year: \$ _____

11. What is the total to be carried over to the next fiscal year: \$ _____ (if approved by the VPAA)

12. Project Completion Date: _____ 13. Travel Dates: _____

(if applicable)

14. Does this project involve:

Yes No

- human subjects?
- animals/animal care facility?
- radioactive materials?
- hazardous materials?
- biological agents or toxins restricted by the USA Patriot Act?
- copyright or patent potential?
- utilization of space **not** currently available to the PI/PD?
- the purchase of equipment/instrumentation/software currently **available** to the PI/PD?

NOTE: If the answer is “yes” to any of the above questions, the investigator must attach appropriate documentation of approval or justification for use/purchase.

SIGNATURES

Department Contribution (if applicable): \$ _____

Account Number: _____

Chairperson

Date

College Contribution (if applicable): \$ _____

Account Number: _____

Dean

Date

This Section to be completed by the Office of Academic Affairs

Previous PDG Award final report received: Yes _____ No _____

PDC Committee Award Recommendation: Yes _____ No _____

PDC Committee Proposal Rank: _____ of _____ Total Proposals.

Recommendation of VPAA: Yes _____ No _____ Recommendation of President: Yes _____ No _____

Award Date: _____

PROPOSED BUDGET

PROFESSIONAL DEVELOPMENT GRANT

1. Travel (please list expenditures broken down for the length of the trip: e.g., hotel = \$90x5=\$450):

Dates of Travel:

Airfare (include carrier and flight information): _____

Hotel: _____

Meals for Duration of Travel: _____

Mileage Reimbursement = 42 cents/mile: _____

Incidentals 1(_____): _____

Incidentals 2(_____): _____

Total Estimated Travel Expenses:

\$ _____

Currently Approved Per Diem Rates are on a city by city basis. Please check specific cities for appropriate meal allowances through the GSA Reimbursement Website:

<http://gsa.gov/portal/category/104711>

2. Graduate assistant stipend _____
 Fringe benefits: salary X 0.0003 _____

3. Non-work study stipend _____
 Fringe benefits: salary X 0.0003 _____

4. Development Supplies (please list items to be purchased and estimated price per item including taxes and shipping, if appropriate)*:

Item No. 1 (e.g., software) Estimated Price _____

Item No. 2 (e.g., copying costs) Estimated Price _____

Item No. 3 Estimated Price _____

Item No. 4 Estimated Price _____

Total estimated Development Supplies: \$ _____

5. Capital Outlay (please list items to be purchased and estimated price per item including taxes and shipping, if appropriate)*:

Item No. 1 Estimated Price _____

Item No. 2 Estimated Price _____

Item No. 3 Estimated Price _____

Total estimated Capital Outlay: \$ _____

*Items purchased under \$5,000 (including taxes and shipping) are considered supply items. Capital Outlay items are those which cost \$5,000 (per item) or more (including taxes and shipping). Please contact the Purchasing Office for questionable items.

6. **TOTAL PROPOSED BUDGET** \$ _____