

**YORK TECHNICAL COLLEGE
Faculty/Staff Development
Project Application**

Name:		
Job Title:		Length of Service:
Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
Campus Location:		Telephone Extension:
Project Title:		
Location of Project:		
Project Date Begins:		Project Date Ends:
Total Funding Requested:		

1. STATEMENT OF NEED

(a)	State the specific purpose and objectives of this project. (Attach conference/seminar/workshop information and agenda.)
(b)	How does the need relate to institutional goal of maximizing student success?

2. METHODOLOGY/PROCEDURES

Provide a step-by-step sequence of events that must take place for your project to accomplish its objectives. Include a timetable of courses to be taken per semester and a brief description of each course.

3. BUDGET

- (a) Is funding for this project available from any other source (e.g., grants, private or personal funding)?
- (b) Itemize costs for each semester of coursework. Be as complete, specific, and cost-effective as possible.

	Who/What	Cost
Personnel Salaries		
Transportation Lodging Other (Parking, taxi, etc.)		
Registration/Tuition And Materials		
Other (Please itemize)		
TOTAL		\$

4. PROJECT EVALUATION METHOD

(a) What will be the outcomes of this project that impact or enhance student success?
(b) How do you intend to measure and validate the intended outcomes? (Results should be documented in EPMS/FPMS)
(c) How does this project improve current practices or promote innovative change for your target population, your department or division, the College, or you in an effort to maximize student success?

I understand that I must repay on a prorated basis any funds received for professional development activities in the amount of \$1,500 or more within a twelve month period, according to the terms of the REIMBURSEMENT AGREEMENT, upon voluntarily leaving employment (other than retirement) from York Technical College during the designated repayment period. Failure to pay the outstanding balance may result in garnishment of income tax payments.

Submitted By: _____ Date: _____
Signature