



University of New Hampshire

STAFF PROFESSIONAL DEVELOPMENT GRANT PROGRAM
FY24 Application

Please submit (1) one copy of this application, the budget outline sheet, and documentation for ALL projected expenses (mileage, per diem rate sheets, travel expenses, etc.) and other applicable documentation via email as a PDF attachment to our HR.Communications@unh.edu

Applicant Name: _____
Department: _____
Position: _____
Staff Occupation Type (please check one)
[] EE [] OS [] PAT
Phone # _____
Years @ UNH*: _____
(IN BENEFITS ELIGIBLE POSITION)
Have you received a Staff Professional Development Grant in the past? [] YES [] NO
If yes, when? _____ Award Amount: _____

Table with 2 columns: Professional Development Activity, Date(s) of Proposed Activity, Location of Proposed Activity, Indicate FY24 Quarter Review Period you are requesting: [] June [] September [] December [] March

In the space below (or as an attached document) please provide a brief description of your proposal. Explain how the program/activity will benefit you, your department/college, and the University of New Hampshire. BE SURE TO READ ALL instructions and use the Checklist prior to submitting your application as incomplete applications will not be considered. The committee considers the accuracy and thoroughness of the data provided.

Committee Use Only
Date of hire: _____ Date Application Reviewed: _____
For approved applications only
Approval Date: _____ Reimbursement Process date: _____ Next Eligibility Date: _____

**STAFF PROFESSIONAL DEVELOPMENT GRANT
FY24 Budget Outline**

ITEMIZED EXPENDITURES	
Registration/Tuition, Etc. ¹	\$
Meals: # days ___ @ \$ ___ /day	\$
Lodging: # days ___ @ \$ ___ /day	\$
Travel Expenses ² :	
Air Fare	\$
Auto <i>mileage is calculated @ the lesser Distance: campus or home address to the activity location</i>	\$
Other (Specify) _____	\$
Misc. (Specify) _____	\$
EXPENSE TOTAL	\$
FUNDING SOURCES	
Department ³	\$
Other (Specify) _____	\$
Personal Contribution ⁴	\$
Staff Professional Development Grant Request	\$
FUNDING TOTAL	\$
<i>(Funding Total should agree w/ EXPENSE TOTAL above)</i>	

- (1) Be sure you don't include meals covered by the program in your rate, and provide per diem rate sheets in your documentation
- (2) Include documentation for your proposed mileage, if claiming mileage
- (3) Explain any non-monetary department contribution:
- (4) Explain any non-monetary personal contribution:

*****PLEASE BE SURE YOU HAVE ALL 3 SIGNATURES BELOW!*****

Applicant Signature & Date

As Supervisor, I endorse this application and certify the information is accurate and complete.

Immediate Supervisor (Include printed name and signature)

As responsible Fiscal Officer, I certify the above Department Funding information.

Dean, Director or other responsible Fiscal Officer (Include printed name and signature)