



**UNIVERSITY OF WISCONSIN-WHITEWATER
2009-2010 ACADEMIC STAFF REQUEST
FOR DEVELOPMENT GRANT [ASDG] FUNDING**

*Return this Form to the Office of Research and Sponsored Programs
2237 Andersen Library, Fax: 262.472.5214, Telephone: 262.472.5212*

1. Name	
2. Department	
3. Division	
4. Are you currently under contract (academic staff appointment)?	<input type="checkbox"/> NO <input type="checkbox"/> YES, What percent of time?
5. Number of years employed on campus	
6. Type of professional development request (check one) <i>The focus of all requests must be on the development and/or training of <u>academic staff</u>.</i>	<input type="checkbox"/> Conference <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Committee Involvement <input type="checkbox"/> Leadership Training/Development <input type="checkbox"/> Coursework <input type="checkbox"/> On-Campus Workshop <input type="checkbox"/> Presentation <input type="checkbox"/> Research <input type="checkbox"/> Other (please describe)
7. Briefly describe the specific activity for which you are applying.	

8. What organization is providing/sponsoring the activity?	
9. When will the activity be held? ¹	
10. Where will the activity be held?	
11. Are you under contract at the time of the proposed activity?	<input type="checkbox"/> NO <input type="checkbox"/> YES, How will your position be covered?
12. Have you discussed the proposed activity with your supervisor?	<input type="checkbox"/> NO <input type="checkbox"/> YES
13. Are you currently involved with the organization sponsoring this activity?	<input type="checkbox"/> NO <input type="checkbox"/> YES, Describe involvement.
14. Is this an annual activity?	<input type="checkbox"/> NO <input type="checkbox"/> YES
15. Have you attended this activity in the past?	<input type="checkbox"/> NO <input type="checkbox"/> YES, Indicate how past participation/attendance was funded and how you and the University will benefit from your repeat participation/attendance.

¹ Funds may only be requested to support costs that can be expended prior to 1 June 2010.

<p>16. Is your department/unit or college/division funding this activity?</p>	<p><input type="checkbox"/> NO, please describe fiscal situation:</p> <p><input type="checkbox"/> YES, How much \$ and/or what % of time</p>
<p>Will you use PDP funds to support this project/activity?</p> <p><i>REQUIRED: Failure to disclose how PDP funds have/will be used may result in the application being returned without review.</i></p>	<p><input type="checkbox"/> NO, please describe how PDP funds have been/will be used:</p> <p><input type="checkbox"/> YES, Indicate level/amount of PDP support \$ and how it will be used:</p>
<p>17. Have you received Academic Staff Development funds in the past?</p>	<p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES, List semesters, years, and outcomes.</p>
<p>18. How will this activity benefit your professional and career development? If this is <u>not</u> an individual project, describe how this activity will benefit the professional/career development of other UWW non-instructional and/or instructional academic staff.</p>	

<p>19. How does this activity help serve the purpose and achieve the goals of your unit/department and/or college/division?</p>	
<p>20. How does this development activity relate to the University's Strategic Plan, Values, and/or Mission?</p>	

BUDGET CATEGORY	ITEMIZATION/EXPLANATION	AMOUNT
SALARIES AND WAGES <i>(includes student help and academic staff summer stipends)</i>		
		\$
		\$
		\$
SUBTOTAL		\$
SERVICE AND SUPPLIES <i>(include conference registration fees, books, etc.)</i>		
		\$
		\$
		\$
SUBTOTAL		\$
TRAVEL <i>(All travel costs must conform to campus and System regulations. Contact Financial Services with questions.)</i>		
<i>Academic Staff Development Grant funds may only be requested to support costs that can be expended <u>before</u> 1 June 2010. If your application includes out-of-state travel, you must include a complete UW-Whitewater Travel Approval Request Form as Appendix 1.</i>		
Transportation		\$
Lodging (include # of nights)		\$
Meals (include # of days)		\$
SUBTOTAL		\$
OTHER—EXPLAIN <i>(Attach supporting documentation for "other costs.")</i>		
		\$
		\$
SUBTOTAL		\$
GRAND TOTAL		\$

<p>Other information that may assist the Academic Staff Professional Development Committee in their funding decision.</p>	
<p>List all attachments</p>	<ol style="list-style-type: none"> 1. UW-Whitewater Travel Approval Request Form (required by all applicants requesting funds for out-of-state travel) 2. 3. 4. 5.

Submit ONE original of the full proposal

ORSP Intramural Approval and Certification Transmittal,
Academic Staff Request for Development Grant [ASDG] Funding, and Attachments

to ORSP, 2237 Andersen, Telephone: 262.472.5212, e-mail: ehlend@uww.edu

Proposals received by the 1st of the month will be reviewed at the next meeting of the Academic Staff Professional Development Committee—monthly in November, December, January, February, March, and April (or until all funds are allocated).