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**PDAP Application for Teaching Grant Program**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: Signatures below imply that the proposed project is appropriate for the applicant’s PDP or IPGP and meet the criteria for teaching grant proposal.

**Immediate Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean/Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Academic Officer/**

**Vice President’s Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Status**

|  |  |
| --- | --- |
|  | Full-Time Instructional |
|  | Part-Time Instructional |
|  | Non-Instructional Faculty |

Years of Service: \_\_\_\_\_\_\_ Dates of Proposed Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PROPOSAL:***

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| --- |
| **Supports PDP or IPGP** |
| Specify how the proposed project supports your Professional Development Plan (PDP) or Individual Professional Growth Plan (IPGP) |
|  |
| **Description of Evidence Based Needs** |
| Describe the connection between the project and SUNY Broome’s mission and core values |
|  |
| Identify how the proposed project relates to the college’s strategic plan and identify the specific strategic goal that the project will address |
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| Explain the current challenge, deficit or situation the proposed project will address (e.g. data, research, department services) |
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| Outline how the project will mitigate the challenge, deficit or situation |
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| **Objectives** |
| Describe the proposed project’s objectives |
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| **Target population** |
| Outline who the proposed project will serve |
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| Indicate the projected number of individuals served within the target population |
|  |
| **Benefits of the Proposed Project** |
| Specify individual benefits |
|  |
| Specify individual/student benefits |
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| Specify campus wide benefits |
|  |
| **Location** |
| Identify whether the project will be offered in the classroom, online or elsewhere |
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| **Impacts, Deliverables and Outcomes** |
| Explain the impacts and deliverables of the proposed project |
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| Explain the expected outcomes of the project |
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| Explain how the project’s outcomes will be measured for success |
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| **Duration** |
| Indicate the duration of the proposed project |
|  |
| **Sustainability** |
| Outline how the proposed project will be ongoing and whether it will be sustainable following the completion of the grant award cycle |
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| **Contributors** |
| Designate the primary contributors of the proposed project |
|  |
| **Instructional Practice** |
| Describe how the project will enhance instructional practice |
|  |
| **Projected Resource Needs/Costs** |
| List the needed supplies, equipment and costs, in detail, including necessary technology (data, phone, networking, licensing requirements, other) (If necessary, confirm that Information Technology Services has been consulted regarding technology needs) |
|  |
| **Facilities, Furnishings and Space Requisites** |
| Indicate facilities, furnishings or space requisites |
|  |
| **Professional Development Funding** |
| Indicate whether you are receiving other sources of funding for this project, and if yes, provide specifics and amount(s) |
|  |

**NOTE THE FOLLOWING FUNDING STIPULATIONS:**

To be considered for the Teaching Grant Program, you are required to attach confirmation that an approved PDP or IPGP is on file

If approved, you must do the following to receive funding:

* Complete the proposed project on schedule
* Submit a detailed listing of items to be purchased
* Submit a year-end report. NOTE: failure to submit a report by the deadline may result in limited future PDAP funding being awarded

**PLEASE COMPLETE THIS PROPOSAL AND THE EXPENSES ON THE ATTACHED PROJECT EXPENSE FORM.**