

AF Professional Development Award Application

For the academic year:

FOR A COMPLETE APPLICATION:

- Complete the attached form (all questions must be answered, if not applicable, please indicate).
- Do not add additional pages to explain your project.
- The only additional documents needed are a letter from the Department Chair and an invitation letter from a host (if applicable). Please follow instructions provided in the link below.
- This award is not a research or travel fund award. The proposed activity should enhance the applicant's professional development or effectiveness in their current position.
- Applicants and/or their Departments are responsible for processing all expenses. The office of the Provost will re-imburse actual costs.
- The office of the Provost will support awards up to \$9,000.00. The budget and expenses must follow UC Davis travel regulations.
- For more information please see: <https://academicaffairs.ucdavis.edu/uc-and-campus-awards>

CHECKLIST:

1. Completed Professional Development Award Application:
2. Letter of the Department Chair/Dean:
3. Invitation letter from host:

| -----office use only----- | | | | |
|---------------------------|-------|---------------------|-------------|-------------|
| | DaFIS | Full Account Number | Fund Source | Fund Legacy |
| Course | | | GENFND | (19900) |
| Research Support | | | GENFND | (19900) |



APPLICANT'S INFORMATION

| | | | | | | | | |
|---|--|--|-------------------------------|--|--|---|--|--|
| Last Name: | | | First Name: | | | Middle Name: | | |
| Academic Title(s): | | | | | | Years of continuous service in academic title(s): | | |
| Department: | | | Applicant's Signature: | | | | | |
| Applicant's e-mail: | | | | | | Applicant's phone number: | | |
| Proposal Title: | | | | | | | | |
| Quarter(s) of desired time frame: | | | Previous PD award received? | | | If yes, please provide date of award?: | | |
| This project will be administered by the Department of: | | | | | | | | |
| Department Administrative Contact: | | | E-mail: | | | Phone: | | |
| Department Chair Signature: | | | | | | Date: | | |
| | | | | | | (if not included in e-signature) | | |
| Dean's Signature (if required): | | | | | | Date: | | |
| | | | | | | (if not included in e-signature) | | |



SERVICE ACTIVITY IN THE LAST 4 YEARS

E.g., AF service, ad-hoc peer reviewer, committee service, community service related to the applicants profession

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

Date: Service Activity:

LIST OF SELECTED PUBLICATIONS

Publications of the past 4 years:

DESCRIPTION OF THE PROJECT

Project Description (up to 4000 characters):

How does the applicant's expertise or preparation relate to the proposed project (2000 characters):

How does the project relate to the applicant's professional development in their current position (2000 characters):

How will the proposed project benefit the applicant's future work (2000 characters):



BUDGET DETAILS

Specific Time Line:

Project Start Date: Project End Date: Activity *(e.g., travel, workshop, training, collaboration event)*:

Specific Budget: Please provide detailed estimates for each applicable line item.

Amount: Transportation expenses *(e.g. estimated airline or train tickets, mileage, tolls, parking)*:

Amount: Lodging *(e.g. estimated hotel/motel expenses)*:

Amount: Meal expenses *(please provide a daily meal estimate and the total estimate)*:

Amount: Registration fees *(e.g. fees for workshop, seminar, etc.)*:

Amount: Salary/duration for replacement hire *(if temporary worker is needed to manage applicant's responsibilities during his/her absence, please add type of position for temp. worker)*:

Amount: Software *(type of software; first option: through UCD; justification when UCD option is not used):*

Amount: Other:

Total amount requested: