



Staff Revitalization and Professional Conference Funds

FACULTY APPLICATION

Foothill College Office of the President

This is a fillable form: download and complete this application on your computer. Don't forget to print a copy BEFORE you close this window. Please print application on ONE SIDE ONLY, NO STAPLES, as the applications have to be scanned. **CONFIRMATION of funding will be sent via District Email only.**

APPLICANT

Name: _____

Today's Date: _____

Division: _____

CWID#: _____

Department: _____

Day/Work Phone: _____

FHDA E-mail: _____

Check your Status:

- Full-Time Faculty**
- Part-Time Faculty** (must have established re-employment preference)
- Classified**
- Other :** _____

ACTIVITY

Title of Proposed Activity: _____

Are you presenting at this activity? Yes No

Activity Start Date: _____

Activity End Date: _____

Activity Location, City: _____

State: _____

Country: _____

APPLICATION SUBMISSION 2019 – 2020

Applications will be reviewed by the committee every 2 weeks until the funding allocated for the quarter is depleted. Please submit your application 3 – 4 weeks ahead of your activity to allow ample time for yourself and the review process.

Summer Quarter applications will start to be reviewed on March 1

Fall Quarter applications will start to be reviewed on September 1

Winter Quarter applications will start to be reviewed on November 1

Spring Quarter applications will start to be reviewed on February 1

REC'D: _____

FOR OFFICE USE ONLY

Voucher Due by _____

Chancellor's Approval For International Travel: Yes No

Director, Office of Professional Development

App Approved / Max Amount \$ _____

App Not Approved _____

ITEMIZED ESTIMATED EXPENSES

Original receipts and proof of payment **in the applicant's name** are required for reimbursement of approved expenses. **Please double-check that all your calculations are correct before submitting your final application. Failure to include required support documents to this application could result in loss of funding.**

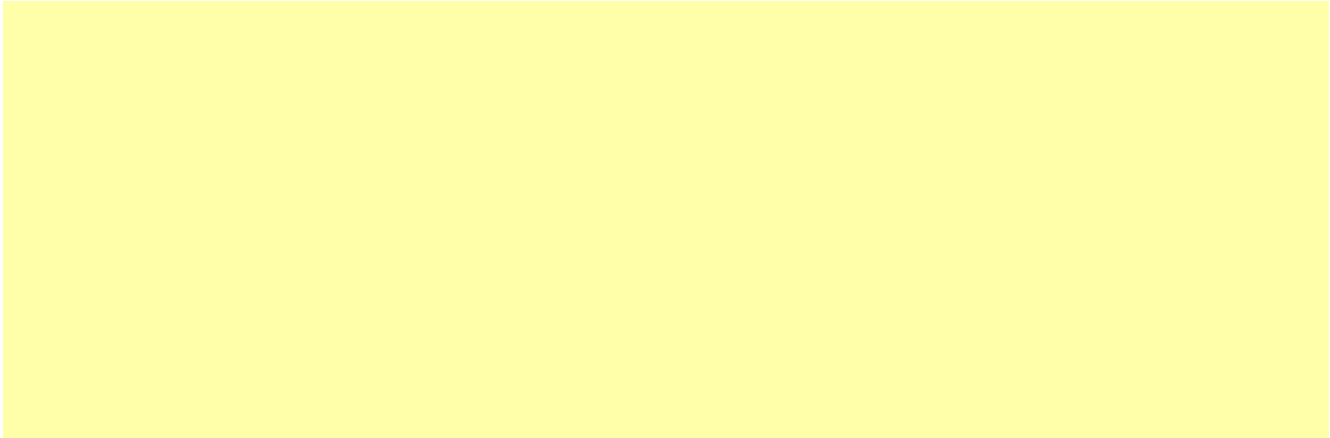
| | | Documents Required |
|--|--|---|
| <p>CONFERENCE/ACTIVITY REGISTRATION FEE</p> <p>Conference or activity fee: \$ <input type="text"/></p> <p>Pre-conference, post-conference or extra workshop fee: \$ <input type="text"/></p> <p>Date of Early-Bird Registration Deadline, if any: <input type="text"/> Total Conf: \$ <input type="text"/></p> | | <p>Attach:</p> <p><input type="checkbox"/> A brochure/webpage with the activity description and registration fee(s).</p> |
| <p>AIRFARE</p> <p>Airfare, including taxes and fees Total Airfare: \$ <input type="text"/></p> <p><i>If using an estimate, choose the moderately priced coach option to give yourself adequate budget.</i></p> | | <p>Attach either (check one):</p> <p><input type="checkbox"/> Airfare estimate OR</p> <p><input type="checkbox"/> Airfare receipt</p> |
| <p>MILEAGE, if driving to your activity:</p> <p><input type="text"/> x <input type="text"/> x <input type="text"/> = \$</p> <p>Enter round-trip miles Enter # of trips</p> <p>If driving more than 300 miles round trip to your conference/activity, you will be reimbursed at the economy airfare rate to your destination, OR for the total round trip miles, whichever is the lesser amount. [If the lesser amount is the economy airfare, enter it above, in Airfare.] Current IRS Mileage Rate = \$0.58</p> <p>Total Driving: \$ <input type="text"/></p> | | <p><input type="checkbox"/> A Google Map showing the one-way mileage from home or from work, whichever is closer is attached.</p> <p><input type="checkbox"/> Economy airfare estimate is also attached (if driving over 300 miles)</p> |
| <p>GROUND TRANSPORTATION</p> <p>Car Rental: \$ <input type="text"/></p> <p>Ground Transportation (Shuttle, BART, CalTrain, Uber, Taxi, etc.): \$ <input type="text"/></p> <p>Bridge and/or Lane Tolls: \$ <input type="text"/></p> <p>Parking: \$ <input type="text"/></p> <p><i>Documentation only needed for car rental.</i> Total Ground: \$ <input type="text"/></p> | | <p>Attach either (check one):</p> <p><input type="checkbox"/> Car rental estimate OR</p> <p><input type="checkbox"/> Car rental receipt</p> |
| <p>LODGING</p> <p>[Only for activities 75 miles or more away from the college]</p> <p><i>Sharing hotel expenses? Each attendee must pay for their own portion of the hotel bill and have a receipt/itemized statement issued in their name.</i></p> <p># of nights of lodging needed: <input type="text"/></p> <p>Base room rate per night: \$ <input type="text"/></p> <p>Taxes per night: \$ <input type="text"/> (If not showing on a webpage, use base room rate x 15%)</p> <p style="text-align: right;"><input type="text"/></p> | | <p>Attach either (check one):</p> <p><input type="checkbox"/> Lodging estimate OR</p> <p><input type="checkbox"/> Lodging receipt</p> |
| <p>Meals/Per Diem Total Meals: \$ <input type="text"/></p> <p>Full days of attendance: <input type="text"/></p> <p>Per diem reimbursement \$55 a day. <i>Applicable to full days of conference attendance only.</i></p> | | |
| Total Costs: \$ <input type="text"/> | | |
| AMOUNT REQUESTED: \$ <input type="text"/> | | |

OTHER FUNDING

| Identify any additional college funding that you will be using for this activity (college grants, Perkins, B Budget, etc.) | | | |
|--|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fund Index Code | Fund Name/Description | Amount | Mgr's Initials |

Please indicate how this experience will ultimately benefit the students of Foothill College:

(e.g. create a system or process, develop new materials, improve your job skills, etc.).



Important!

To guarantee reimbursement for expenses, you must submit a trip voucher that includes all of the following to **President's Office** within **10 days** of the date on which the activity occurred. Delay in submission may result in loss of funding. Be sure to submit:

- **Original receipts made out to the attendee** for reimburseable expenses
- Proof of payment for receipts that specify *how* payment was made (credit card, check, etc.)

Failure to adhere to these reimbursement policies may result in loss of funding.

Signature of Applicant: _____

(Typed Signatures accepted)

Signature of Dean/Supervisor: _____

___ *I have discussed this application with the applicant and support committee approval.*

___ *I certify that this faculty member is full-time or part-time faculty member with re-employment preference.*

___ *I do not feel this application enhances our division/work unit goals at this time and do not approve this application.*

Comments: