



# SCHOOL OF HEALTH AND HUMAN SERVICES

ST. CLOUD STATE UNIVERSITY.

## **STAFF Internal Funding Application**

The School of Health and Human Services encourages professional development opportunities that will enhance School and/or Department initiatives and strategic goals as well as personal professional development goals. *Awards of up to \$500 per person may be requested for professional development expenses such as online training opportunities, to attend professional conferences, to perform or present research, to develop community action projects, etc.*

Funding Opportunities are available to SHHS staff for individual and group projects/initiatives. Priority may be given to staff that do not have professional development funds available through their collective bargaining agreement and/or who have not previously been granted awards.

### **Guidelines for funding consideration:**

1. An Individual application may be submitted for a maximum of \$500.
2. A Group application may be requested for a maximum of \$500 per person.
3. Requests must be submitted prior to the project or event begin date.
4. The primary fund distribution method is by expense reimbursement. Some expenses may be eligible for direct/up-front payment when coordinated by the Dean's Office.
5. All SCSU and State of Minnesota policies and procedures will be followed.
6. The decision of the Dean is final.
7. *A reflection summary* paper regarding the impact of the award shall be submitted to the Dean.
8. Award recipients acknowledge their name and project details may be published.
9. **Award funding not distributed prior to June 30, 2021 will be forfeited.**

### Application Process

1. Complete the **SHHS Internal Funding APPLICATION**.
2. Signatures of all individuals involved are required.
3. Submit complete application electronically to [jmsnippen@stcloudstate.edu](mailto:jmsnippen@stcloudstate.edu).
4. Applicants will be notified of award decisions via email. The Project Lead will be notified in the case of Group Project Applications.
5. A list of approved projects, awards, and recipients will be distributed to the SHHS community.

Do you have questions? Contact Jill Snippen @ [jmsnippen@stcloudstate.edu](mailto:jmsnippen@stcloudstate.edu) or 320.308.4235.

#### **SHHS MISSION**

*We prepare our students to be leaders, scholars, and professionals in promoting and providing lifelong optimal health and wellness.*

#### **SHHS VISION**

*We enhance the well-being of people and their communities through nationally recognized innovative programs, rigorous practical experiences, and strong professional partnerships.*

# SHHS Internal Funding Application

## A. APPLICANT INFORMATION *(may be used for individual or group requests)*

Applicant Name	Email Address	Department	Bargaining Unit (AFSCME, MNA, MAPE, MSUAASF)

**Purpose** of request/proposed use of funding: Explain the goal of this request (include title of project/activity, location, and dates of event, link to webpage, if applicable)

**Impact & Evaluation:** Explain how this activity aligns with SHHS and/or Department/Program initiatives and/or will provide a positive impact on Professional Development goals. How will the results be incorporated, provide benefit, and/or be shared with others? *Note: Awardees will be required to submit a Reflection Summary regarding the impact of this award before final fund distribution will occur.*

## B. EXPENSES

Anticipated Budget for this activity/initiative: Itemize the expense category and the anticipated expense for each category. Itemized receipts and/or invoices will be required for all awarded expenses.

*(EXAMPLE: \$150 - hotel, \$50 - mileage, \$80 – conference registration)*

Funding source and amount requested from other sources (i.e., MSUAASF Professional Development fund, etc.)

*Source(s)/ Amount(s):*

Has other funding been secured? What source has provided funding? What amount has been provided?

**Signature of Applicant(s) / Date**

**SHHS OFFICE USE ONLY:**

Approved	
Denied	
Defer for further information	

List APPROVED Expenses:

Total Approved Expense: \_\_\_\_\_

Additional Comments:

Dean's Signature:

Date:

Date applicant Notified: \_\_\_\_\_

Reflection of Summary Received: \_\_\_\_\_

Approved Expenses complete: \_\_\_\_\_

Additional comments pertaining to expenses or summary: