

**SAN BERNARDINO VALLEY COLLEGE
STAFF DEVELOPMENT
GROUP PROJECT FUNDING REQUEST**

Group Identification _____
List individual names on reverse of this sheet.

Project Manager _____
Responsible for all aspects of project, including necessary paperwork.

Date Submitted _____

Proposed Activity

Nature: Briefly describe the activity you are proposing to be funded.*

Time and Place: When and where is this activity to take place?

Population to be Served: Who will benefit from this activity-faculty, staff, administrators, students?

Justification: Why is this an important activity? How will the population identified above benefit?
Explain fully on an attached sheet.

Accountability: How will you evaluate the effectiveness of the activity?

Budget: How much will this activity cost? Fill in the appropriate sections in detail:

Travel Costs: \$_____ Nature of Travel: _____

Cost of Seminar/workshop/presenter/retreat, etc. \$ _____

Other (Itemize – use attached sheet if necessary) _____

Total\$ _____

Recommendations

Immediate Supervisor _____ Recommended _____ Not Recommended

Signature of Supervisor Title

Responsibility Center Manager _____ Recommended _____ Not Recommended

Signature of Manager Title

Submit this proposal to the Professional Development Committee, in care of the Scholarships Office
Staff Development Committee _____ Recommended _____ Not Recommended

\$_____