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| Name: |  | Grant Number: | (to be completed by System Office only.) |

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| I agree to fulfill the objectives of my grant and will provide the results of my project in an online final report on or before the due date. | | | |
| 1. If I fail to comply with all requirements of the grant award, including filing of the final report by the due date, I clearly understand that I will be required to return the full amount of any funding and/or amounts awarded for expenses, and the college will be expected to return amounts awarded for time to the VCCS Office of Professional Development. 2. I also agree, when appropriate, to share information about my grant through standard VCCS mechanisms such as presentations at peer group meetings, Regional Centers for Teaching Excellence events, publication in Inquiry, etc. 3. Materials developed or created while employed by the Commonwealth of Virginia are subject to Section 12, Intellectual Property, of the VCCS Policy Manual. Materials developed or created in full or in part through VCCS Paul Lee Professional Development grant awards should acknowledge the contribution of the college and the VCCS (refer to Section 12 of the VCCS Policy Manual. | | | |
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| Comments/Budget Modifications | | | |
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| Signatures | | | |
| Grant Applicant: |  | Date: |  |
| Dean/Director: |  | Date: |  |
| Vice President/Provost: |  | Date: |  |
| Please return by: |  | | |
| Please scan and email to: | The VCCS Office of Professional Development, **opd.vccs.edu** | | |