**Paul Lee Professional Development Grant Application Cover Page**

Scan and email the completed cover page by 5:00 pm EST on the due date to opd@vccs.edu**.**

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| **Title of Proposal** |  |
| **Grant ID** | (to be completed by System Office only) |  |

**Primary Author**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Department** |  |
| **College/Campus** |  |
| **College/Campus Mailing Address** |  |
| **Phone** |  |
| **Email** |  |

**Faculty/Staff Co-Applicant**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Department** |  |
| **College/Campus** |  |
| **Phone** |  |
| **Email** |  |

1. I am a current faculty member in the VCCS and agree to fulfill the objectives of my proposal for this professional development grant. I will provide the results of my project as a final report on or before the deadline date. I will coordinate time and award specifics with my vice president or dean/supervisor. If I fail to comply with all requirements of the grant award, I will 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. If additional time is needed, I will contact the Office of Professional Development to request an extension.
2. Our college approves this application, including the college contribution.
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).

**Signatures**

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| **Faculty** |  | **Date** |  |
| **Dean/Supervisor** |  | **Date** |  |
| **Vice President/Provost** |  | **Date** |  |