**Teaching Enhancement Grant**

**Proposal Cover Sheet**

1. APPLICANT NAME:

2. CAMPUS PHONE:

3. BUDGETARY UNIT:

4. TITLE OF PROJECT:

5. If I receive the funds I am requesting through this professional development program, I agree to send a report to the Instructional Development Council, by the date indicated on my award letter, delineating:

a. All work completed

b. How the goals of the project were met

c. Any ongoing activities or follow-up

If the report is not submitted or I do not carry out the activities stipulated in the project proposal, I understand that I will not be eligible for any funding from the Instructional Development Council for a five-year period. I also understand that if awarded funding my proposal is open to review upon request made to the CATL or the IDC.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. I have read the proposal, approve its implementation, and certify that the goals stipulated are consistent with the unit’s program development plan and are likely to contribute to the improvement of student learning.

Budgetary Unit Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR CATL/IDC USE ONLY

Date of Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action: (1) Accepted (2) Tabled (3) Not Accepted