



Staff Manager Development Grant Application

SECTION 1: APPLICANT INFORMATION

Applicant Name _____ Employee ID # _____

Title _____ Department/Unit _____

Work Address _____

Work Telephone _____ Email Address _____

Appointment:

- Full Time
- Part Time (___ % FTE)

Years of Service: _____

- Classified Civil Service Staff
- Administrative and Professional Staff
- Sr. Administrative and Professional Staff

Do you manage people or projects?

- Projects
- Staff
- Students
- Other group: _____

Have you received this grant in the past 2 years? No Yes - Year received: _____

SECTION 2: PROFESSIONAL DEVELOPMENT PROPOSAL

Describe below or attach a one-page proposal for your professional development activity. Include specifics as to how it will benefit your career, unit and/or the university. Specify details about the nature and location of the activity. Include any documents supporting your proposal as well.



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SECTION 3: BUDGET INFORMATION (required)

Include an itemized list of expenses relating to this proposal, including supporting documentation of budget items. The maximum request amount is \$1,250. **If you are only requesting travel reimbursement, please include detailed information on how the learning event is being funded.**

NOTE: This is a competitive reimbursement grant, and funds must first be expended by the applicant or their department, then reimbursement will be granted to appropriate party. Funds will not be released for reimbursement until a completed SMDG Survey has been received.

Activity Date	Course Title and OSU Provider	Estimated Cost	Department or personal funds? <i>*Department funds, see below</i>
	Total estimated professional development cost:		
	Grant amount requested:		

**If your department is providing the funding for this opportunity, please provide your fiscal associates contact information:*

Fiscal Associate Name

Email

Application Submission:

- Budget documentation attached.
- I understand that funds may not be released until my completed SMDG Survey has been received by the SMDG office.

Applicant Signature

Date

Supervisor Signature

**not required if applicant intends to pay all expenses with personal funds.*

Date

Supervisor Name

Supervisor Title

Submit completed application via email as an attachment (no more than 5 pages total) to:
hr-managergrant@osu.edu at least one month prior to the development activity.