

Applicant Information:

Applicant's Name: _____

Work Address: _____

Email: _____ Phone: Work (____) _____

Division/Program/Department _____

Title/Rank _____

Please indicate your role: Academic Professional Full-time Part-time

Proposal Information:

Proposal Title: _____

Proposed beginning date: _____ Proposed ending date: _____

Please provide a brief synopsis of the proposal:

If submitting for a group, please list their information below:

Name	Department	Phone/Email

Name	Department	Phone/Email

Name	Department	Phone/Email

Endorsements

This acknowledges and endorses the proposed program and indicates the departments/divisions will endeavor to make additional resources available, which may be required now and in the future.

_____	_____	_____
Department Chair Signature	Printed Name	Date

_____	_____	_____
Dean/Supervisor Signature	Printed Name	Date

Budget Form
Canton College Foundation Faculty/Staff Development Award

Complete the sections below that are relevant to your proposal and provide detail as appropriate. Please consider all costs related to the implementation of your proposal carefully; you may not increase the amount requested at a later time. Please indicate anticipated contributions from departmental budgets and/or from other granting agencies.

Application must be typed.

Name of individual(s) or department(s): _____

Title of Proposal: _____

1. Outside Consultants/Honoraria (Provide detail. Note: salaries are not allowed): \$ _____

2. Travel, if using state funds/guidelines, include a signed T-1 (please itemize):

State car or mileage \$ _____

Transportation (excluding above)/Tolls/Parking \$ _____

Lodging \$ _____

Meals \$ _____

Registration Fees, if applicable \$ _____

Total travel expenses: \$ _____

3. Equipment (specialized items that would not normally be purchased through state budgets) \$ _____

4. Supplies (books, educational materials, etc.) \$ _____
To be retained by: _____

5. Library/software/video acquisitions \$ _____

6. Describe here anticipated contributions from departmental budgets and/or from other granting agencies. _____

Total Budget \$ _____

Funding from other sources (described above in 6) \$ _____

Total Requested \$ _____

Signature: _____ Date: _____

SUNY Canton Grants for Professional Development

SUNY Canton has funding sources which support professional development and innovation. The Canton College Foundation provides grants under the Faculty/Staff Development Awards Program. All faculty and professional staff employed at SUNY Canton are eligible to apply.

Because the majority of this funding is made possible by the generous contributions of alumni, faculty, staff, and friends of the college, an applicant's donor status (not amount) to the Canton College Foundation may be considered when allocating awards.

Purpose of the Grant Program

This program seeks to:

- Encourage innovation in current instruction/programs
- Encourage development of new courses or programs
- Encourage research in specialized areas of interest
- Encourage presentation of scholarly papers
- Support curriculum or instructional material development
- Support attendance at seminars or short courses in order to maintain currency in one's field

Allowed Project Expenses:

Examples of the types of activities and expenses supported are:

- Registration fees for conference or workshop
- Consumable supplies (paper, pens, postage, etc.)
- Non-consumable supplies (books, software, etc.)
- Travel and related expenses (includes lodging and meals)
- Honorarium for speaker
- Research support (e.g., computer time, network access or support, clerical support)
- Equipment lease or purchase

Proposal Requirements and Timelines:

Completed applications will be considered for Faculty/Staff Development funding. Incomplete applications may not be considered. The maximum award to an individual or team is \$2,000 per year. All monies needs to be expended by June 30th, 2025.

Application deadlines are: **October 15** **February 14** **April 11**

Notification of awards will be made approximately one month after application deadlines.

A project summary report is due to the Canton College Foundation and the Provost within one month of completion of the funded activity.

Each proposal package must contain a completed Application and Budget form, a narrative description of **not more than four**, single-spaced, typed pages, and any other supporting documentation necessary including Conference information, accreditation of programs, etc. If state funds are being expended and travel is part of the proposal, a completed and signed T-1 must be included with the packet.

Departmental Approvals:

Department or School financial support is encouraged.

The proposal needs to be reviewed by the applicant's Department Chair and School Dean, if applicable, and their signatures are required. It is necessary that applicants provide those individuals with enough time to thoroughly review the proposal before application deadline.

Inquiries:

Questions should be directed to Tracy Woodward at foundation@canton.edu or 315-386-7127.

All proposals should be submitted to:
Canton College Foundation
SUNY Canton
34 Cornell Drive, PH117
Canton, New York 13617