

NTID Professional Development Mini-grant Guidelines **2024-2025**

Purpose:

The purpose of the mini-grant program is to provide non-tenure track faculty and exempt staff with an additional source of funding to facilitate their participation in innovative professional development activities, such as conference registration and/or skill development training/courses. Grants may be requested in amounts from \$100-\$500.

Eligibility:

Lecturers and exempt staff are eligible to apply.

Individuals who have received Faculty Evaluation and Development (FEAD) funding for an activity are ineligible to receive a mini-grant for the same activity.

Guidelines:

1. Mini grant funds are limited and awards are not automatic. Applications will be reviewed by the NTID Professional Development Team based on the criteria listed below.

The final decision will be made by the Executive Director of NTID Professional and Student Scholar Development.

2. Mini-grant funds are used to supplement, and not replace, departmental travel or training allotments. Department allotments must be expended before minigrant funds can be awarded.
3. Grant recipients will be asked to share their experiences with others so as to disseminate the knowledge gained through the funded activity.
4. Mini-grant funds are not intended to be used towards doctoral or other graduate studies.

**Mini-grant Application Form
2024-2025**

Name: _____ Department: _____

Status (please check one): _____ Lecturer _____ Sr. Lecturer _____ Principal Lecturer
_____ Exempt Staff (salaried)

Amount requested (please check one): _____ \$100 _____ \$200 _____ \$300 _____ \$400 _____ \$500

Statement of purpose (*Please include name of conference/activity in the statement*):

Date(s) of proposed activity: _____

Location of proposed activity: _____

Conference/course website:

My individual professional development fund allotment from my department is either expended or committed for this budget year:

_____ Yes _____ No Verified by Department Chair: _____
Department Chair Signature

Brief explanation:

Estimated expenses:

Registration \$
Airfare \$
Hotel \$
Meals \$
Other \$

(please specify)

Are you applying for any other funding to support this activity? ___Yes ___No

If yes, please explain...

State how this program will expand your professional horizons and how you see this activity advancing your own professional effectiveness, or your department's effectiveness:

Applicant's Signature

Date

Name of Department Head/Chair

Department Head/Chair's Signature

Date

Name of Department Budget Assistant

Submit form to: NTID Professional Development, ntidpd@rit.edu