**Application: Kenan Fund for Faculty Development, New York Faculty Council**

Funds are available for faculty development including academic conference attendance where the applicant expects to present a paper or otherwise engage in clearly specified developmental activities. We encourage personal development for course activities but are severely limited in our ability to support Department, School, or University initiatives. Criteria for evaluation of applications include (but are not limited to) expected level of faculty development, clarity of the purpose of faculty development, past Kenan funding and availability of funds in applicants department. Additional information such as a conference acceptance letter, workshop description, or agenda containing applicants’ name will help the committee.

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | |
| Name | |  | | Rank | | |  | | | Full-Time (Y/N) | |  | |
| Campus Base | |  | | School | | |  | | | Department | |  | |
| **ACTIVITY** | | | | | | | | | | | | | |
| For what developmental activity are funds requested (e.g., attend workshop, present paper at a conference, attend a convention for enrichment)? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Sponsoring Organization | | | |  | | | | | | | | | |
| Location of Activity | | | |  | | | | | | | | | |
| Dates of attendance (e.g., 05/31/08 - 06/01/08) | | | | - | | | | | | | | | |
| Describe how the activity will contribute to your development. For a workshop, indicate *how* it will enhance your teaching. For a paper presentation, *give paper name* and note how the presentation will develop you. For conference attendance, note the *presentations* you expect to attend and their developmental impact. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Attach a letter of acceptance or an explanation of its absence for presentations. If you expect to take a workshop, seminar, or attend a conference for enrichment, attach a description flier or the like. (Check one) | | | | | | | | | | | | | |
|  | Acceptance letter/description Flier attached | | | |  | | | No letter/description attached | | | | | |
| **AMOUNT** | | | | | | | | | | | | |  |
| What is the total amount required (itemize budget on other side)? | | | | | | | | | | | | | $ |
| How much of this amount will be funded by your department/school? | | | | | | | | | | | | | $ |
| What is your net request from Kenan? | | | | | | | | | | | | | $ |
| Your Signature | | |  | | | | | | | | Date | |  |
| **APPROVALS** | | | | | | | | | | | | | |
| Dept. Chair Signature | | |  | | | | | | | | Date | |  |
| Dean Signature | | |  | | | | | | | | Date | |  |
| **ALLOCATION** | | | | | | | | | | | | | |
| Kenan Chair Signature | | |  | | | Date | | |  | | Award | |  |
| Provost Signature | | |  | | | Date | | |  | |  | |  |
| Committee Use | | |  | | |  | | |  | | T | |  |

**FUNDS DISBURSAL PROCESS:**

If you are provided with a Kenan Grant, you will receive an e-mail from the Provost’s office. The funds allocated can only be used for the purpose indicated. If the purpose changes, you must resubmit to the committee. If you can’t use the funds, you should notify the committee’s chair so that the funds can be reallocated and so that your three-year running total of grants is correct. This also helps us to assure that any funds you don’t use go back into our budget.

The Kenan Committee only recommends allocation of Kenan budget across applicants to the Provosts’ Office. It is the Provosts’ Office that manages disbursal of funds. If you receive an email from the Provosts’ Office, you need to submit appropriate expense forms along with receipts using our reimbursement system, Chrome River, to claim Kenan funds. Please refer to Pace University’s [Travel and Expense Reimbursement Policy](https://www.pace.edu/sites/default/files/files/finance-planning/accounts-payable/travel-expense-reimbursement-policy.pdf) for specific guidelines for expense reimbursement.

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| **BUDGET INFORMATION** | | | | | | | |
| Please itemize; *note hotel rate and number of nights*, mode of travel, etc. Check with the University on the per diem maximum for meals and for the current auto mileage rate. For unusually high charges such as high registration fees or hotel costs, documentation can help the committee. | | | | | | | |
| Departing date | |  | | Returning date |  | Number of nights at hotel |  |
| Hotel rate | | $ | | Travel mode (e.g., plane, car, bus, train) |  | If car, number of miles |  |
| **ITEMIZED BUDGET** | | | | | | | |
|  | **Item** | | | | | | **Amount** |
|  | Transportation (plane, car, etc) | | | | | | $ |
|  | Local travel (e.g., travel to airport) | | | | | | $ |
|  | Lodging (if part of registration, indicate) | | | | | | $ |
|  | Meals/gratuities (if part of registration, indicate) | | | | | | $ |
|  | Registration fee | | | | | | $ |
|  | Workshop fee | | | | | | $ |
|  | Other 1 (specify) | |  | | | | $ |
|  | Other 2 (specify) | |  | | | | $ |
|  |  | | | | | Total | $ |