



**THE TECHNOLOGY HUMAN RESOURCES FUND GRANT APPLICATION**

<b>DEPARTMENT:</b> _____	<b>CAMPUS:</b> _____
<b>CONTACT PERSON:</b> _____	<b>MAILBOX:</b> _____
<b>TOTAL REQUESTED \$:</b> _____	<b>CAMPUS EXTENSION:</b> _____

**1. DEPARTMENT CHAIR'S REVIEW:**

- a. What aspect of department/program goal does this proposal fulfill?
  
- b. How might others in this department/program benefit from this activity?

**DEPARTMENT CHAIR SIGNATURE:** \_\_\_\_\_

**2. PROJECT INFORMATION:**

Write a brief description of the proposed department training:

**3. On a separate piece of paper, please provide a complete description of the proposed department training, addressing the following questions:**

- a. Who will be responsible for conducting the training?
- b. How long will these activities last? Please specify date and times.
- c. Where will this training take place?
- d. Who will be participating in the training? Please list names of the participants.
- e. What are the specific daily activities planned and how will attendees apply what they learn in this training?
- f. What institutional resources and infrastructure need to be in place for this training to occur?
- g. How does this training relate to your department goals and College's Master Plan and/or Education Technology Plan?
- h. What is the cost of this training? If applicable, how will items excluded from the grant be funded? Please itemize all budget expenses, including consultant's fees, support staff, non-instructional pay cost (including preparation time), supplies, and other miscellaneous expenses.

<b>For Office Use Only:</b> Date Received: _____ Amount Awarded: _____ Grant #: _____
--

<p><b>APPLICATION DEADLINE:</b> _____</p> <p>Mail to TLC Coordinator, Mailbox: LB2 Phone: X3554</p> <p><b>Please keep a copy for your records.</b></p> <p><a href="http://www.ccsf.edu/tlc">http://www.ccsf.edu/tlc</a></p>
---