THE TECHNOLOGY HUMAN RESOURCES FUND GRANT APPLICATION

| DEPARTMENT: ____________________  CAMPUS: ____________________ |
| CONTACT PERSON: ____________________  MAILBOX: _____________ |
| TOTAL REQUESTED $: _________________  CAMPUS EXTENSION: _________ |

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.

For Office Use Only:
Date Received: ___________ Amount Awarded: ____________ Grant #: __________

APPLICATION DEADLINE: _______
Mail to TLC Coordinator, Mailbox: LB2 Phone: X3554
Please keep a copy for your records.
http://www.ccsf.edu/tlc