Application for SEDL Professional Skills Development Award

Applicant Name:					
Title or One-Sentence Summary of Proposed Activity:					
Total Budget Requested:					
Total Number of SEDL-Supported Days Requested: Total Number of Days Contributed by Applicant: Proposed Start Date: Proposed End Date:					
			Please attach a two-page memo addressing the following questions:		
			1. Activities:	What specific professional development activities does the applicant propose to undertake?	
			2. Goals:	How will these activities contribute to the applicant's career development and how will SEDL benefit?	
3. Schedule:	What is the proposed schedule for completing the activities? How will this impact the applicant's current assignments and scope of work?				
4. Budget:	What is the proposed budget? Budget should include fully loaded labor rates as well as other costs, such as course tuition, duplication, postage, travel, and conference fees; a separate budget should detail any costs (excluding the staff member's contributed time) that will be covered by non-SEDL sources (e.g., the applicant, another organization). Budgets must be completed in consultation with Administrative Services (AS), and the CFO must sign the application indicating approval of the draft budget.				
If awarded a professional skills development award, the applicant agrees to the following:					
The recipient warrants that the activities to be carried out under the award are not within the defined scope of work for any ongoing contract or grant.					
The recipient understands that support will terminate on the end date of the award. Activities carried out under the award will become part of the employee's planning agreement and performance appraisal.					
From time to time, th employees, prospect	e recipient may be asked to share the progr ive staff, or clients.	ess or results of the award with groups of			
Applicant's Signature		Date			
Supervisor's Approval		Date			
Senior Manager's Approval		Date			
CFO Approval of Draft Budget		Date			