TITLE III STRENGTHENING GRANTS PROGRAM
FACULTY/STAFF PROFESSIONAL DEVELOPMENT

GUIDELINES AND PROCEDURES

Introduction

Helping faculty remain current in their discipline by engaging in relevant professional development activities is critical for training and graduating the best and brightest students who will successfully compete globally for jobs in their fields.

Title III is a strengthening grants program that endeavors to assist the University in achieving its three-fold mission of teaching, research and public service. Hence, funds are allocated annually to help support faculty who participate in professional development activities that promise to enhance their knowledge and teaching skills. Only faculty who have been employed for at least one year (9 months) will be eligible for assistance to attend conferences, workshops and seminars.

Staff are also given support to participate in professional development activities that relate directly to their major responsibilities. However, staff who have been employed for at least one year (12 months) will be eligible for assistance to attend conferences, workshops and seminars.

Three options are available under this activity:

1. Financial assistance for faculty/staff to participate in job-related conferences, courses, meetings and workshops to gain cutting-edge information to help prepare world-class students.
2. Support for faculty and administrative staff to pursue a terminal degree on a part-time (6 semester hours minimum) or on a full-time basis.

3. Support for consultants to provide school, unit or University-wide professional development activities to help faculty and staff perform their tasks more efficiently and effectively.

Guidelines for Options

1. SUPPORT FOR FACULTY/STAFF PROFESSIONAL DEVELOPMENT ASSISTANCE

- Current Title III grant recipients with travel funds are not eligible for assistance under this program.

- Only domestic travel will be supported unless strong justification is provided to support the need to develop an international course, build research collaborations or create a new curriculum/degree program.

- Conferences, meetings, workshops or courses must be related to the current or proposed job assignment of the applicant.

- Assistance cannot be provided to present at a conference, serve on a committee or preside at a meeting.

- A description of how attendance at workshop/conference will benefit the program/department/school/university must be submitted with the request to travel.

- Evidence of how the knowledge/skills gained was used must be documented /observable.

- Requests should have the signature of the immediate supervisor, dean and appropriate vice president prior to submission to the Title III office.

- Faculty/staff must have been employed full time for at least one year (9 months, 12 months respectively).
• Requests for travel funds should be made at least twenty-one (21) working days prior to anticipated travel.

• Requests for airline tickets should be made no less than fourteen (14) days prior to travel. Airline requests made less than seven (7) days prior to travel will not be approved.

• Requests must be approved before traveling.

• Efforts should be made to make advanced travel arrangements to reduce costs, (i.e. Earlybird Registration).

• Airline tickets, ground transportation, car rental (when it is more cost-effective), parking, hotel, meals (per diem/ per day in some instances), registration costs, conference fees, conference materials, telephone calls, mileage(current State rate) are allowable expenses and must be submitted with supporting receipts and the approved documentation in order to receive reimbursement.

• Automobile travel will be reimbursed at the State approved rate when submitted on the proper form for reimbursement. *(Note: Subject to University policy at the time of submission).

• Travelers must submit original travel expense receipts within seven (7) days after return from travel to the Title III Office. Reimbursable original receipts must be documented.

• Automobile rental is only allowable for travel to official destinations when it is clearly more cost-effective.

• When a traveler purchases his/her own airline ticket, reimbursement will occur after travel.

• Purchases (i.e., books, cds, subscriptions, memberships, supplies, etc.) not included in the registration fee are not allowable.

• A separate Report on Professional Development Activities form must be submitted with request for reimbursement. The report should include a program agenda which highlights sessions attended.
2. SUPPORT TO PURSUE A TERMINAL DEGREE (PART-TIME).

- Only faculty and administrative staff members are eligible for educational assistance to pursue a terminal degree.

- Priority will be given to faculty who are employed in programs seeking or re-affirming accreditation status.

- Applicants must be full-time employees who have worked at the University for at least five years.

- Applicants must submit a letter of recommendation from the department chair and dean (faculty) immediate supervisor and president (administrative staff), acceptance from an accredited institution, a plan of study with the completed application, the name, telephone and fax number, and e-mail address of the major professor.

- Applicants must be enrolled at an accredited university for at least six semester hours, per semester.

- Applicants must submit a transcript of courses completed, grades and credit hours earned at the end of each semester to the departmental chair and Title III Office. Failure to comply will delay processing of future assistance.

- Each application will be reviewed individually to determine the specific type and amount of support that will be provided. (i.e. tuition, fees, books, and travel expense directly related to terminal degree.)

- Awards will be made based upon availability of funds for a maximum of six consecutive years.

- A separate application is requested for the summer. Awards will be granted based on the availability of funds.

- If the award is granted, the faculty/administrative staff member must sign an agreement to return and work at the University for six consecutive semesters (faculty)/three years (administrative staff) immediately upon graduation or if he/she discontinues the graduate program.
• If the faculty/administrative staff member defaults on returning to the University upon graduation or discontinuing the graduate program, he/she will be responsible for reimbursing the entire amount received, within a time period agreed upon with the University.

2.1. SUPPORT TO PURSUE A TERMINAL DEGREE (FULL-TIME).

• See above criteria for full-time assistance in addition to:

• The applicant must be on study leave from the University. He/she cannot be employed at the University and receive full-time assistance. Only faculty are eligible under this option.

3. SUPPORT FOR CONSULTANTS

• A written request for a consultant must be submitted twenty-one (21) working days prior to the scheduled date of anticipated service. A completed Request for Consultant Form must accompany the request.

• A current vita for the consultant must accompany the request.

• Justification for using an outside consultant rather than a University employee must accompany the consultant form.

• The consultant must provide service for a program, department, school, unit or University-wide activity. This service should increase knowledge, enhance skills and/or strengthen job performance of participants.

• A copy of major content covered, evaluation results and a roster of attendance must also accompany the request for payment.
TITLE III FORMS

All forms can be downloaded at http://www.aamu.edu/titleiii/t3_forms_main.aspx

- Request for Title III Professional Development Assistance
- Travel Request Form for Activity Directors
- Report on Professional Development Activities
- Request for Consultant Services
- Consultant Report Form
- Application for Support to Pursue a Terminal Degree
Request for Title III Professional Development Assistance

Name of Traveler: ____________________________________________________________

Job Title: ___________________________ Highest Degree held: ______________________

Office Number: ________ Fax Number: ________ E-mail Address: _________________

Number of years employed Full-time at the University: ____________________________

Name of School/Department/Unit: ______________________________________________

Title of Workshop/Conference (Please attach copy of Announcement):
__________________________________________________________________________

Dates of Travel: ___________________________ Location: ____________________________

Provide a brief summary of how this travel will a) strengthen the capacity of our institution and/or b) improve student learning outcomes. Include specific and tangible examples of how this will be documented (Please attach additional pages if needed):
__________________________________________________________________________

__________________________________________________________________________

Estimated Expenses: Air fare: __________

Car Mileage (51.0¢ per mile/current State rate): __________

Registration: __________

Lodging/Hotel: __________

Meals: __________

Taxi/Other: __________

Total: __________

Signature of Traveler: ___________________________ Date: __________

Signature of Supervisor or Dean: ___________________________
Professional Development Assistance Approval

_________________________________________  ______________________ 
Activity Director  Date

_________________________________________  ______________________ 
Title III Director  Date

_________________________________________  ______________________ 
Vice President for Academic Affairs  Date

_________________________________________  ______________________ 
President  Date

Title III Action

☐ Assistance Awarded  ________ Amount  ________ Date

☐ Assistance Denied

Reason for denial: _____________________________________________________________

_________________________________________
Travel Request Form for Activity Directors

Please submit this Form 21 working days prior to travel.

Name: ___________________________________ Date: ____________

Please check one:  □ Faculty □ Staff □ Administrator □ Graduate/Research Assistant

Title: ___________________________        Highest degree held: ___________________________

Office Telephone #: _____________        Fax Number: ___________________________

Years Employed at the University: ______        □ Full-time    □ Part-time

Name of School/Department/Unit: ___________________________________________

Name, date(s) and location of Conference, Course, Meeting or Workshop:
(Please attach copy of Conference/Workshop/Meeting Announcement/Agenda)

________________________________________________________________________

Reason for Attendance:
________________________________________________________________________

Anticipated benefit to self, department, program, unit (Attach an additional sheet if necessary.):
________________________________________________________________________

Estimated Expenses:

Air Fare

Car Mileage (51.0¢ per mile/current State rate)

Registration

Lodging/Hotel

Meals

Taxi/Other

Total
Travel Request for Activity Directors Approval

Signature of Employee  Date

Signature of Immediate Supervisor  Date

Signature of Dean (Faculty Only)  Date

Signature of Title III Director  Date

Signature of Vice President  Date

Signature of President  Date

Title III Action

Check One:

☐ Assistance Awarded  Amount  Date

☐ Assistance Denied  Date

Reason for Denial:

_________________________________________________________________

_________________________________________________________________
Report on Professional Development Activities

In order to be reimbursed, this form must be submitted with the request for travel reimbursement.

Traveler: ___________________________  Department: ___________________________

Please attached an agenda and indicate below the session(s) you attended.

________________________________________________________________________

Describe the benefits you attained from this travel and cite the actions you will carry out as a result of this professional development. Be specific (example: cite dates, courses/activities, assessment measures used, etc.) You may be asked to provide follow-up documentation to the Title III Office.

________________________________________________________________________

Traveler’s Signature ___________________________  Date ___________________________
# Request for Consultant Services

Name of Unit requesting consultant services: 

Name of individual requesting consultant services: 

Phone Number:  Fax Number: 

Purpose of Consultant’s visit: 

Specifically, what will be done and how? (Attach an additional sheet if necessary): 

Name of Suggested Consultant: 

Address:  

E-mail Address:  Phone Number:  Fax Number: 

Title:  Company/Organization: 

(Please attach the consultant’s resume.) 

Date(s) of Consultant’s Visit: 

Rate of pay for Consultant: 

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Sources of Payment:  $  Title III  $  University
If the consultant is an employee of Alabama A&M University, the Program/Project Coordinator must answer the following:

a. Will consultation be across department lines?  □ Yes  □ No

b. Will the work to be performed by the consultant be in addition to the regular work load? □ Yes  □ No

c. Will the consultant involve a separate or remote operation of the work performed by the consultant in addition to his/her regular work load? □ Yes  □ No

If the consultant is not an employee, please explain why an outside person was chosen.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Consultant Services Approval**

________________________________________________________________________

Faculty/Staff Requesting Services  Date

________________________________________________________________________

Immediate Supervisor  Date

________________________________________________________________________

Dean  Date

________________________________________________________________________

Title III Director  Date

________________________________________________________________________

Vice President for Academic Affairs  Date

________________________________________________________________________

President  Date
Consultant Report Form

This form must be completed by the consultant and attached to the request for reimbursement.

Person and Department requesting consultant: ________________________________

Consultant’s Name: _______________________________________________________

Address: ________________________________________________________________

_____________________________________________________________________

Title Institution or Agency

Date(s) of Service: ______________________ Total # of hours worked ________

Title of Program: _________________________________________________________

Number of Participants: ___________________________________________________

Summary: Please attach a written report including the following information: Objectives of the program, an overview of major topics discussed, evaluation results, a copy of the program agenda, roster, program evaluation results and other pertinent information.

Amounts Charged to Grant:

Consulting Fee $ ____________

Fare – Train/Plane/Bus & Ground Transportation (Taxi Cabs) ________________

(Attach Receipts)

Auto (51.0¢ per mile/current State rate) ________________

Meals (Not to exceed $39.00 per day/current State rate) ________________

Lodging – Actual Expenses (Attach Receipts) ________________

(Not to exceed 4 nights)

Total $ ____________

_____________________________________________________________________

Consultant’s Signature Date Submitted

Revised May 2011
Application for Support to Pursue a Terminal Degree

Date: ____________________

Name of Applicant: ________________________________________________________________

Check One:  ______ Faculty  ______ Administrative Staff

Faculty Rank: ____________________  Administrative Position/Title: ____________________

Check One:  [ ] Full time Educational Leave Assistance  [ ] Part time Educational Leave Assistance

Office Number: _____________  Fax Number: _____________  E-mail address: _____________

Secondary Telephone Number: ______________________________________________________

Home Address:  ____________________________________________________________________

Department Name: ____________________  School: ____________________

Number of years employed full time at the University: ________________________________

Check one:  ______ Program is accredited  ______ Program is seeking accreditation

Expected beginning date of educational leave: ________________________________

Expected ending date of educational leave: ________________________________

Name and location of accredited graduate institution to be enrolled in while on educational leave:
________________________________________________________________________________

(Please attach a letter of acceptance, planned degree program or requirements, name, telephone number, and e-mail address of major professor.)

Degree to be Pursued: ________________________________________________________________

(Specify Ph.D., Ed.D., etc.)

Amount of assistance requested: $______ per ______ for ______

(semester)  (years)

Justification for Request: ____________________________________________________________

__________________________________________________________________________________
A letter of recommendation from supervisor must accompany this application.

**If I accept the educational assistance, I agree to:**

* Enroll at the specified accredited institution during the period requested.

* Submit to the department chair and Title III Office an official transcript of courses completed, grades and credits earned at the end of each term.

* Immediately upon graduation or discontinuing the graduate program, return to the University to render a minimum of six semesters (faculty) three years (administrative staff) of full-time professional service. The annual salary will be paid in accordance with the prevailing salary scale.

* Reimburse the University the full amount of support received if I fail to return to the University upon graduation or discontinuing the graduate program.

__________________________  __________________
Signature of Employee       Date

__________________________  __________________
Signature of Department Chair/Supervisor   Date

__________________________  __________________
Signature of Dean (Faculty)       Date

__________________________  __________________
Signature of Title III Director     Date

__________________________  __________________
Signature of Provost/Vice President for Academic Affairs     Date

__________________________  __________________
Signature of President       Date

**Title III Action**

Check one:

☐ Assistance Awarded  Amount  Date

☐ Assistance Denied  Date

Reason for denial: __________________________________________________________