

Special Grant Application

Paperwork must be submitted BEFORE conference.

Employees WILL NOT be reimbursed for conference/travel that has already taken place.
 Same day travel does not receive a per diem. Meal expenses can be reimbursed for same day travel with a business purpose & receipts. Meals will not be reimbursed without a receipt.

Name: _____ **Title:** _____

Department/Division: _____

Campus Extension: _____ **Email:** _____

**Full-Time
Faculty**

**Adjunct
Faculty**

**Full-Time
Staff**

Select Your Grant

		Amount
Conference Presentation	SOLE presenter for a specific session at a conference	Up to \$900
Conference Poster or Panel Presentation	POSTER presentation or PANEL discussion at a conference	Up to \$400
Conference Attendance <i>(Full-Time Faculty NOT eligible)</i>	Attendance ONLY with no out-of-district travel funds	Up to \$700
Specialized Training	Training for NEW skills which result in continuing education hours, certification, or licensure	Up to \$1,500

Conference/Training Details

Conference/Training Title: _____

Date(s): _____

Location (City/State): _____

Attach Required Documents

Completed registration form *indicating JCCC affiliation*

(The training or conference registration must use your @jccc.edu email address and/or list Johnson County Community College in the materials).

Proof or receipt of hotel & airfare costs *(A screen shot is acceptable if official printed materials are not yet available.)*

Brochure, program, agenda, or website for conference or training *(A screen shot is acceptable if official printed materials are not yet available.)*

Brief summary of: *(short paragraph or two for each question – space provided on page 3)*

1. How does this funding support your professional development goals?
2. How does this funding support your department/branch and/or JCCC's **Strategic Goals?**

Supervisor approval section complete *(top of page 4)*

Document Travel Expenses

Expense Type	Amount	Special Grant Committee Use Only Is documentation attached?
Registration/Conference Fee*		
Air Fare*		
Transportation* (Uber, taxi, shuttles, etc.)		
Hotel*		
Other* (Tolls, parking, etc.)		
Mileage Number of miles: _____ x \$0.625/mile		
Meals See chart below for per diem reimbursements. *Same day travel does not receive a per diem.		
Total:		

***SUPPORTING DOCUMENTATION REQUIRED!** If item has not yet been fully purchased, a screen shot of the information will suffice.

2022-2023 Per Diem Meal Reimbursement Rates

Calculated based upon zip code traveling to.

Please visit this website for rates: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Time of Day Reimbursement Calculations

<i>TIME OF DEPARTURE on First Day of Travel</i>	<i>MEALS INCLUDED IN PER DIEM</i>
7:00 AM or Earlier	Breakfast, lunch, and dinner
Between 7:01 AM and 12:00 PM	Lunch and dinner
Between 12:01 PM and 6:00 PM	Dinner only
6:01 PM or Later	None

<i>TIME OF RETURN on Last Day of Travel</i>	<i>MEALS INCLUDED IN PER DIEM</i>
7:00 AM or Earlier	None
Between 7:01 AM and 12:00 PM	Breakfast only
Between 12:01 PM and 6:00 PM	Breakfast and lunch
6:01 PM or Later	Breakfast, lunch, and dinner

For further details about JCCC's Travel Information and Procedures, please click [HERE](#).

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Required Summary

How does this funding support your professional development goals?

How does this funding support your department/branch and/or JCCC's Strategic goals?

Supervisor Approval

This employee has an updated IDP/Portfolio that is less than 2 years old.

Approved

Not Approved

If approved, please check one and enter amount of division funds available to support this request:

Without division funds

--- OR ---

WITH division funds of \$ _____

Rationale for decision (REQUIRED)

Immediate Supervisor's Printed Name

Immediate Supervisor's Signature

Date

Special Grant Committee Actions

Date application received: _____ Receiver Initials: _____

Not approved

Approved for \$ _____

Date: _____

Committee Notes:
