

## Academic Professional Development Fund

### What is the Academic Professional Development Fund?

The Academic Professional Development Fund (APDF) provides a source of funds for academic professional staff members (permanent/non-visiting) to take advantage of professional development opportunities. The Office of the Provost provides up to \$75,000 per year in APDF awards.

### Who is eligible for the awards?

APDF support is limited to academic professional staff (permanent/non-visiting) with appointments of 50% or more.

### What expenses are eligible for reimbursement?

The awards may be used for:

- Conference/Seminar/Workshop registration fees, either on or off campus
- Airfare
- Reimbursement of automobile mileage
- Taxis/Trains/Buses/Subways
- Business Expenses (telephone calls, faxes, etc.)
- Toll road charges/Parking charges
- Meals/Lodging

### What is asked of the units?

The APDF is a supplemental fund and is not intended to be the only source of funding for academic professional development. It is expected that the units will share the cost of these professional development opportunities. A matching contribution from the applicant's unit normally is required.

### How will the APDF be dispensed and how much will be given?

- The applications for funding will be reviewed by representatives of the Council of Academic Professionals and the Office of the Provost.
- Each academic professional staff member shall be eligible to receive a maximum of one award every two fiscal years.
- Individual awards will not exceed \$500, unless there are unusual circumstances.

### Request for Funding

- Application for funding must be received a minimum of two weeks prior to the event taking place in order for the application to be considered by the review committee.
- The applicant must demonstrate in writing how the APDF will enhance job performance.
- Applications for awards shall be submitted on the attached forms.
- Once approval is received from the Provost's Office, and the applicant's conference/seminar has taken place, the department will be reimbursed for the amount approved with a transfer of funds if the department will send an email, including state, ICR or gift C-FOAPAL for the expenses relating to the applicant's conference/seminar to Jo Ann Guynn ([guynn1@uiuc.edu](mailto:guynn1@uiuc.edu)). (Departments should receive a response within two weeks.)
- If there are any questions about the APDF please contact Amy Hedrick, Office of the Provost, at 333-4493 or [ahedrick@illinois.edu](mailto:ahedrick@illinois.edu).

**Office of the Provost  
Academic Professional Development Fund  
Application Instructions  
217 Swanlund Administration Building  
Phone: 333-4493**

**Application Instructions**

A separate application form must be submitted for each award request.

**APPLICANT INFORMATION:**

**Full Name**

Enter the applicant's full name starting with the first name, middle initial, and last name.

**Electronic Mail Address**

Enter the applicant's electronic mail address.

**Telephone Number**

Enter the applicant's office or other telephone number where the applicant may be contacted for additional information or clarification of information given on the application form.

**Department/Unit Name**

Enter the name of the applicant's department or unit. In the case of a joint appointment, enter only the name of the department or unit that will be making a matching contribution for the trip and processing the travel vouchers.

**Campus Address**

Enter the applicant's campus address, including the mail code. Do not use the street address unless there is no building name.

**Past Support**

Answer yes or no whether the applicant has received APDF support within the last two fiscal years.

**CONFERENCE/SEMINAR INFORMATION:**

**Name of Conference/Seminar**

Enter the official name of the conference/seminar

**Sponsoring Organization(s)**

Enter the name(s) of the sponsoring organization(s)

**Official Dates of Conference/Seminar**

Enter the "official" dates of the conference/seminar. The "official" dates of the conference/seminar are the actual dates the conference/seminar will be in session.

**Attach a photocopy of the Conference/Seminar Flyer or other document from the conference/seminar indicating the date and time.**

The document submitted must be generated by the conference; items such as airline tickets and hotel bills will not be accepted as proof of the conference/seminar dates.

**Number of Days Attending Conference (Excluding Travel Days)**

Enter the number of days of the conference/seminar that the applicant plans to attend.

**Title of Conference Paper(s)**

Enter the title(s) of conference paper(s) if applicant is presenting at the conference.

**SUPPORT INFORMATION:**

**Support from Sponsor of Conference/Seminar**

Enter any support the applicant will receive from the sponsor of the conference/seminar.

Types of support could include, but would not be limited to:

- Airfare
- Registration fees
- Lodging
- Meals, etc.

**Support from Department or College**

Each application must include a contribution from the applicant's department and/ or college.

The Academic Professional Development Funds are intended to supplement departmental and college funds; not to replace them. Enter the amount of the contribution on the appropriate line.

**Office of the Provost  
Academic Professional Development Fund (APDF)  
217 Swanlund Administration Building, MC-304  
Phone: 333-4493**

**Reserved for Provost Office Use**

Log No.	Dept. Code	Fiscal Year	\$Supp Eligible	Prev. APDF	Dept. Support
Comments			Disposition	Conditions	

Date Application Submitted: \_\_\_\_\_

**APPLICATION INFORMATION**

Full Name \_\_\_\_\_ Position Title \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Email Address \_\_\_\_\_ Department/Unit Name \_\_\_\_\_ Campus Address including Mail Code \_\_\_\_\_

College \_\_\_\_\_ Business department contact email \_\_\_\_\_

Past APDF Support in the Last Two Fiscal Years: Yes  No

**CONFERENCE/SEMINAR INFORMATION**

Name of Conference/Seminar \_\_\_\_\_

Sponsoring Organization(s) \_\_\_\_\_

Official Dates of Conference/Seminar \_\_\_\_\_ Number of Days Attending Conference/Seminar \_\_\_\_\_  
(Attach a photocopy of the Conference/Seminar Flyer) (Excluding travel days)

Name of Conference Paper (if applicable): \_\_\_\_\_

Describe how the APDF will be used to enhance job performance. (Attach separate page if necessary)  
\_\_\_\_\_

**SUPPORT INFORMATION**

Departmental Contribution \_\_\_\_\_ College (or other) Contribution \_\_\_\_\_ Amount Requested from APDF \_\_\_\_\_

**Attach a breakdown of estimated travel expenses.**

**SIGNATURES**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Unit Executive Officer