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@illinois.edu). (Departments should receive a response within two weeks.)
- If there are any questions about the APDF please contact Teresa Harvey, Office of the Provost, at 265-0020 or tharvey@illinois.edu.
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.
APPLICATION INFORMATION

Full Name  
(First Name, Middle Initial, Last Name)  
___________________________________  

Position Title  
___________________________________  

Telephone Number  
___________________________________  

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  
(Attach a photocopy of the Conference/Seminar Flyer)  
(Excluding travel days)  
___________________________________  

Number of Days Attending Conference/Seminar  
___________________________________  

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  
___________________________________  

Date Application Submitted: _________________________  

Reserved for Provost Office Use

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