



## **FACULTY DEVELOPMENT GRANT GUIDELINES AND APPLICATION**

PLEASE COMPLETE THE APPLICATION ON THE NEXT PAGE.

1. The grant calendar is July 1 – June 31.
2. The FDC has the authority to make all final decisions regarding funding amounts.
3. The maximum amount that will be awarded is \$2,000 over a two year period.
4. CME funds should be exhausted (or committed) prior to requesting faculty development grant funds.
5. Society fees are not covered.
6. Completed grant applications should be sent to Lisa Scott at [lescott3@wisc.edu](mailto:lescott3@wisc.edu). The FDC meets monthly and the application will be discussed at the regularly scheduled meeting.



**Department of  
Obstetrics and Gynecology**

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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**FACULTY PROFESSIONAL DEVELOPMENT GRANT APPLICATION**

Please complete the application and email it to the temporary Faculty Development Committee Coordinator Lisa Scott at [lescott3@wisc.edu](mailto:lescott3@wisc.edu).

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Describe the professional development activity (attach brochure or other program documentation):

Dates and location:

Brief explanation of why this is important and how it will improve your effectiveness:

How does this relate to the needs of the program?

How will you share your knowledge with others?

Total amount requested:

Have CME funds been expended:

Do you have matching funds available?

Complete the Pre-approval form on the next page. Include approximate breakdown of costs (e.g. training or meeting costs, travel, accommodations, meals). Lisa Scott will submit to Jonie for you.

# DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

## TRAVEL AND/OR EXPENSE **PRE-APPROVAL** FORM

This form is **REQUIRED** for **ALL** travel, **ALL** CME funded, and **ALL** recruitment related expenses. Approval is required prior to the processing of any reimbursements for the above listed expenses.

Please remember this is a department level approval of the travel and/or expense itself. If the expense is to be paid from CME funds, your total annual reimbursements are limited to your specific annual CME allocations. If this expense is to be paid from department/division funds, an authorization/approval is required to accompany the approval form.

Print, sign, scan, and email your completed form to **Jonie Bonfield** (jbonfield@wisc.edu) for CME fund verification. It will then be reviewed by Jennifer Stevens. You will be notified by email of your approval/denial.

### PERSONAL INFORMATION

Full Name

Division

Default/Assigned Work Site

Email where denial/approval should go

### EXPENSE DESCRIPTION & JUSTIFICATION

**BRIEFLY** provide the **WHAT, WHERE, WHEN** of your travel/purchase request:

**BRIEFLY** provide how your expense benefits you, the OBGYN Department, and the UW-Madison:

### EXPENSE COST ESTIMATES

Registration	Airfare	Lodging	Meals (UWMF \$70/day max)	Local Transport, taxi, mileage, etc.	Misc Exp	TOTAL ESTIMATE
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Select your funding source for this travel/purchase expense:

**CME BALANCE-  
Acct Office Use**

CME FUNDS

UW\$

DEPT OR DIV

OTHER SOURCE

Explain "OTHER" funding source:

### SIGNATURES

Your Signature

Date

Preparer Signature

Date

Approver Signature

Date

Please remember that this approval form is required to be on file in the OBGYN Department Accounting Office **PRIOR** to your making any travel arrangements and/or purchases if you wish to fully be reimbursed.