

Complete this two page form prior to travel and submit to the Flex Committee Chair (jmccabe@yccd.edu)

Yuba Community College District

APPLICATION FOR FACULTY ASSOCIATION OF YUBA COMMUNITY COLLEGE DISTRICT (FAYCCD) TRAVEL AND CONFERENCE FUNDS

NAME _____ TITLE OF ACTIVITY _____

DATE OF ACTIVITY _____ LOCATION _____

1. Did you receive FAYCCD travel funding last year? *(Circle your answer below)*
 - Yes
 - No
2. If your answer to the previous question was “Yes”, how much money were you granted?
3. Describe and provide evidence of the activity that you are currently seeking the funding for. Explain how you will use this activity to upgrade, enhance, or improve your assignment and/or benefit the campus community.
4. Are you willing to lead a Flex/Professional Development activity based on what you have learned from this activity? *(Circle your answer below.)*
 - Yes
 - No
5. If your answer to the previous question was “No”, explain why not.
6. How much money are you requesting the funding for? *(Note: The maximum amount you can receive is \$1200 (FAYCCD Negotiations March 3, 2023).)*
7. Please briefly explain how you came up with this dollar amount. For example, what are your estimated transportation costs, lodging costs, meal costs, and conference fees? The form on the back of this page should be used to help estimate your costs. *(No actual receipts are necessary at this point, but in order to receive your re-imbursement you will need to provide documentation for all costs you seek funding for.)*

NOTE: *If the faculty member incurs costs prior to approval, and the application is not approved, then the costs become the responsibility of the faculty member.*

Applicant's Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO THE WCC FLEX COMMITTEE CHAIR:

• Jennifer (Jenny) McCabe, Ext. 661-5754, jmccabe@yccd.edu

FLEX COMMITTEE CHAIR APPROVAL

APPROVED: _____ Yes _____ NO

RECOMMENDED AWARD: \$ _____

Flex Committee Chair's Signature: _____ Date: _____

FAYCCD Representative Signature: _____ Date: _____

For District Office use only: Amt.Awarded: \$ _____ Date Awarded: _____ Initials: _____

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The portion of the form should be used to estimate your travel costs (Questions 6 & 7).

To be used to estimate the costs of your travel:

Estimated Transportation Costs:

- Personal Car _____ Roundtrip Miles @ 67 cents/mile = _____
- Bus, Plane, Train, etc. = _____
- Auto Rental = _____
- Parking = _____
- Other = _____

Estimated Meal Costs:

- Breakfast Meals _____ X \$ 10.00 = _____
- Lunch Meals _____ X \$ 15.00 = _____
- Dinner Meals _____ X \$ 30.00 = _____

Estimated Lodging Costs:

- Number of Nights _____ X \$ _____ Per Night = _____

Estimated Registration Fees: = _____

Other Estimated Expenses (Itemize): = _____

Total: _____

