

Professional Development Program Funding Application

*All CICOES employees with 50% FTE or higher are eligible for $1,000 annually (Jan. – Dec.). Employees may request up to $800 more if the additional funds are matched by their grant or program budgets.*

Please send the completed form to Carol Perez [perezcar@uw.edu](mailto:perezcar@uw.edu).

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| Employee Name  Click or tap here to enter text. | Job Title  Click or tap here to enter text. |
| Briefly describe your role at CICOES.  Click or tap here to enter text. | |

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| What type of professional development opportunity do you want to pursue?  Conference/Workshop  Certificate Program  POD course  Other: |
| Please describe the professional development opportunity you want to pursue (name, date, location, level of participation, etc.).  Click or tap here to enter text. |
| How will this opportunity impact your short- and long-term career goals?  Click or tap here to enter text. |
| How will this opportunity impact your group/program’s goals?  Click or tap here to enter text. |

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| The purpose of these funds is to support activity that could not otherwise be accomplished without the CICOES Professional Development Fund. Funds in this program are limited. Have you attempted to secure funding for this from any other sources?  ☐ Yes  No | | | |
| What is the total estimated cost?  Click or tap here to enter text.  What amount are you requesting from CICOES?  Click or tap here to enter text. | What amount is being paid by your grant (include grant number)?  Click or tap here to enter text.  What amount is being paid from another source? What is that source?  Click or tap here to enter text. | How did you hear about this professional development opportunity?  Click or tap here to enter text. | |
| By signing this document you are acknowledging that this opportunity would not be available without funds from the PDP | | | |
| CICOES Supervisor: | CICOES Supervisor Name:  Click or tap here to enter text. | | Date:  Click or tap to enter a date. |
| NOAA Sponsor Signature:\* | NOAA Sponsor Name:  Click or tap here to enter text. | | Date:  Click or tap to enter a date. |

*\*Required unless you are not requesting matching funds from your grant or you do not work on the NOAA WRC Campus.*

For committee approval:

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| Amount approved: | |
| CICOES HR Signature:  Click or tap here to enter text. | Approval Date:  Click or tap to enter a date. |

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