

BCGEU SERVICE ENHANCEMENT FUND (SEF) APPLICATION

MUST BE COMPLETED IN FULL

Name of Proposed Initiative:	
Employee Name (Lead):	School Department:
If a team initiative, list the employee names and their Schools/Departments for all participants:	
Submission Date (mm/dd/yyyy):	Total Cost of Activity:
Start Date of Proposed Initiative: (mm/dd/yyyy)	End Date of Proposed Initiative: (mm/dd/yyyy)
Proposed Initiative Location(s):	
Have you received SEF Funds this fiscal year (April 1 – March 31): ☐ Yes ☐ No Will you be receiving funds from any other source(s)? ☐ Yes ☐ No If yes for either question, provide the amount(s) and source(s):	

INFORMATION REQUIRED FOR ALL INITIATIVE EXPENSES

ITEM DETAIL - e.g. Release time (name, FTE, duration), mileage, airfare, accommodation, food expenses, registration fees, books, software, hardware, etc.	DATE OF PURCHASE (MM/DD/YYYY)	COST \$
TOTAL COST: \$		

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PROPOSED INITIATIVE – *Describe the proposed initiative. Provide URLs for the initiative details if applicable.*

ALIGNMENT WITH CRITERIA — *Describe how the proposed initiative fits the criteria (as per applicable Terms of Reference and below) for this fund.*

- **Benefits to Students:** the degree to which the proposed initiative supports teaching excellence
 - **Community Need:** the degree to which the proposed initiative overcomes existing obstacles to enhance accessibility, build rural capacity and better meet community needs
 - **Anticipated Outcomes:** the degree to which the proposed initiative is learner focused and positively impacts the student experience, including successful career outcomes
- ADDITIONAL INFORMATION – Add any other information to support the proposal to assist the Committee in assessing the merits of the application. List attachments if any.

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PLEASE IDENTIFY ALL FUNDING SOURCES FOR THE PROPOSED INITIATIVE

SOURCE	AMOUNT	WORK ORDER (to be entered by Administrator or Fund Committee)

SUPPORT – TO BE COMPLETED BY SUPERVISOR / SCHOOL CHAIR

☐ Supported

Departmental Funding:

☐ No

☐ Yes \$

Supervisor / School Chair

Signature

Date

COMMITTEE USE ONLY

APPLICATION #:	☐ Recommended	☐ Not Recommended	Total Approved: \$
Date Received:	Date Approved:		
COMMENTS:			