

# Facilities Management Grant Application

## TRAINING

*You may submit your training proposal in any format you wish. Review the guidelines at the end of this application to learn best practices and requirements. Answer the questions below as well as you can. Please include any supporting documents. Failure to provide examples and to answer the questions will make it impossible for the Selection Committee to evaluate the proposal properly.*

*Submit one copy of your completed application (digital or printed) to Shawna Code.*

Name: \_\_\_\_\_ Shop/Dept.: \_\_\_\_\_

\$ Amount Requested: \_\_\_\_\_

Training/Workshop/Conference Title: \_\_\_\_\_

Training Begins: \_\_\_\_\_ Training Ends: \_\_\_\_\_

Location: \_\_\_\_\_

Participant Name(s): \_\_\_\_\_

### Description of Training Opportunity

Why are you interested in this training? \_\_\_\_\_

How does this training relate to your job description? How would it enhance your job skills and/or ability to perform your job? \_\_\_\_\_

### Staff Development Grant Status

Have you applied for a Staff Development Grant for this Project? \_\_\_\_\_

If yes, were you awarded funds? \_\_\_\_\_

How much? \_\_\_\_\_ If no, explain why not.

## How Your Training Will Benefit the University and/or Your Department

Please explain how this training will make you a better employee. \_\_\_\_\_

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Please share any other information about how this training is a benefit to WSU and/or your department. Things to consider: Is this training cost effective? Will it increase university exposure? Is it highly rated in the industry? Does it introduce new concepts? Will you learn new skills? Tell us anything you think would be important.

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*Please attach copies of the training agenda and other supportive information and submit with this application.*

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## Required Signatures

*I understand that Facilities Management grants awarded for this project are to be used only for this project. If the project is not realized during the project dates indicated above, the funds will be returned to Facilities Management.*

Applicant Signature and Date: \_\_\_\_\_

*Please inform your supervisor that you are applying for this grant.*

**\*\*My supervisor is aware I have applied for this grant. (Applicant initial here if true)** \_\_\_\_\_

Supervisor's Name \_\_\_\_\_