

**QUINSIGAMOND COMMUNITY COLLEGE
PRESIDENT'S OFFICE
BEST PRACTICE FUNDING GUIDELINES**

Source of Funds	Purposes	Eligibility	Funding Available	Procedure	Deadline for Application	Contact Person	Additional Requirements
Best Practice	To support initiatives which further the efforts of the College's strategic goals.	Strategic Action Team members Strategic Action Team committees Departments Office areas Interested groups or individuals	A Best Practice fund of \$20,000 has been established for multiple best practice activities and initiatives.	1. Complete the Request for Best Practice Funding form (Part I). 2. Obtain required approval signatures. 3. Submit the form (Part I) to the President's Office. 4. Upon completion of best practice activities, submit the Request for Best Practice Funding form (Part II) and any relevant original documentation to the President's Office.	Applications may be submitted in two rounds, February 1 st , and April 1 st . Funds will be awarded based on merit and relevancy to the strategic goals, mission of the College, and remaining available funds.	President's Office	1. Written summary of findings and activities 2. Presentation to appropriate committees or person(s)

**QUINSIGAMOND COMMUNITY COLLEGE
PRESIDENT'S OFFICE
BEST PRACTICE FUNDING ELIGIBILITY REQUIREMENTS**

Application Process/Application Deadlines – All requests must be submitted *prior to beginning activities*:

Request for Best Practice Funding forms are available from the Staff Development Office in the Center for Academic Excellence – room 114 Ahlfors Hall, phone 508-854-4229 or email emerrill@qcc.mass.edu.

Applications for Best Practice Funding requests may be submitted in two rounds: **February 1st** and **April 1st**.

Best Practice funds will be awarded based on merit and relevancy to the strategic goals, mission of the College, and remaining available funds.

Applicants are responsible for accurate completion of the best practice request forms, including obtaining signatures from Supervisor/Division Dean and appropriate Executive Team (“E-Team”) member. *Incomplete forms will be returned to applicant.*

1. Complete the Request for Best Practice Funding form (Part I). Obtain the required approval signatures from Supervisor/Division Dean and appropriate Executive Team (“E-Team”) member; *any forms lacking appropriate signatures will be returned to applicant.*
2. After obtaining all required approval signatures, submit the form (Part I) to the President’s Office, mailbox #1. If necessary, retain the Request for Best Practice Funding form (Part II) to record expenses for reimbursement purposes.
3. Please note that approval of all best practice funding requests is at the discretion of the President; the President’s Office reserves the right to adjust any and all request amounts accordingly. All applicants will be notified, in writing, of the President’s decisions.
4. If applicable, in order to receive reimbursement, complete the Request for Best Practice Funding form (Part II), attach any relevant original receipts/documentation, and submit the form (Part II) and original documentation to the President’s Office within 30 days of completion of best practice activities. *Please note that photocopies are not acceptable forms of documentation; all receipts and documentation must be in their original state or reimbursement will not be made.*

Best Practice Funding Guidelines/Eligibility Requirements:

To support initiatives that further the efforts of the College's strategic goals, a Best Practice fund of \$20,000 has been established for multiple best practice activities.

The following members of the College community are eligible for Best Practice funding:

- Strategic Action Team members
- Strategic Action Team committees
- Departments
- Office areas
- Interested groups or individuals

Priority Given to Best Practice Activities that Enhance:

- Achievement of institutional goals and priorities
- The applicant's teaching skills and methods
- The applicant's job skills
- Computer training unavailable on campus
- Communication and conflict resolution skills
- Understanding of diverse populations

Responsibilities of Best Practice Funding Recipients:

Original receipts/documentation and the Request for Best Practice Funding form (Part II) must be accurately completed, signed, and submitted to the President's Office within 30 days of completion of best practice activities. ***Please note that photocopies are not acceptable forms of documentation; all receipts and documentation must be in their original state or reimbursement will not be made.***

All recipients of best practice funding awards are expected to share the information gained through their activity, within the same semester (if applicable).

“All recipients of Best Practice funding are **required to submit an article or report** (experience evaluation and applicability) suitable for use in *Visions*, the Staff Development newsletter; recipients of more than **\$500.00** must provide a workshop or presentation, in addition to an article or report for *Visions*.”

Failure to comply with the above requirements may prevent future funding.

PRESIDENT'S OFFICE

INSTRUCTIONS: Complete form and return to the President's Office, box #1. Attach additional information as needed.

BEST PRACTICE FUNDING REQUEST

Name(s): _____ Date: _____
Ext: _____ Mailbox: _____ Department: _____ Division: _____

1. Describe the purpose of your best practice activities:
2. List specific outcomes or objectives of your best practice activities:
3. List specific best practice activities; include time allocated for each activity:
4. Describe the impact of your best practice activities on the College (e.g., students, staff, etc.):
5. Describe the specific costs of your best practice activities:
6. Indicate the amount of funding that you are requesting from Best Practice:
7. Are there other sources of funding available to you? If so, please describe:

Comments:

Approved Not Approved Supervisor/Dean: _____ Date: _____
.....

Comments:

Approved Not Approved E-Team: _____ Date: _____
.....

Comments:

Approved Not Approved President: _____ Date: _____

**QUINSIGAMOND COMMUNITY COLLEGE
PRESIDENT'S OFFICE
REQUEST FOR BEST PRACTICE FUNDING, PART I**
Submit request form, *prior to beginning activities*, to the President's Office, mailbox #1.
Forms that are incomplete or lacking appropriate signatures will be returned to applicant.

Name: _____ Date: _____

Home Address: _____ SS#: _____

Full-Time Part-Time Faculty (*years of seniority*): _____ Staff (*years of service*): _____

QCC Phone: _____ QCC Email: _____ QCC Mailbox: _____

Div/Dept: _____ Job Title: _____

Date(s) of Best Practice Activities: ___ / ___ / ___ To: ___ / ___ / ___

1. Describe the purpose of your best practice activities (specific outcomes/objectives/actions involved).

2. Priority is given to funding requests that are consistent with the institutional goals and priorities. Describe how your best practice activities will improve your job performance relative to these goals. List specific skills and/or knowledge that you expect to acquire or develop from this experience.

3. How will information gained from this experience be relevant to others at QCC? Describe how you will share this information so that it will impact QCC (e.g., provide a workshop, brown bag lunch, video presentation, information-sharing via Div/Dept meeting, etc., and/or an article for *Visions*). See page 3.

4. Indicate amount requested from **Best Practice**: \$_____.

5. Indicate **total estimated best practice activity expenses** below: *(original documentation will be required for all expenses)*

Expense: *(please specify:* _____) \$_____.

Expense: *(please specify:* _____) \$_____.

Expense: *(please specify:* _____) \$_____.

Expense: *(please specify:* _____) \$_____.

Expense: *(please specify:* _____) \$_____.

Total estimated best practice activity expenses: \$_____.

If applicable, indicate other funding source(s) for expenses: *(cost center* _____) \$_____.

Approved amount of Best Practice funding: *(for President's Office use only)* \$_____.

6. Attach additional relevant information (e.g., best practice activity plans, etc.).

7. I request to be absent from campus/classes/work (if applicable): ___ / ___ / ___ To: ___ / ___ / ___

8. I have arranged coverage for my classes/work responsibilities (if applicable): _____

9. Please obtain all required approval signatures and return signed/completed form to the President's Office, mailbox #1; ***any form lacking appropriate signatures will be returned to applicant.***

Applicant's Signature: _____ Date: _____

Approved Not Approved Supervisor/Dean: _____ Date: _____

Approved Not Approved *E-Team: _____ Date: _____

****"E-Team" refers to certain members of the President's Executive Team (e.g., Vice President of Academic Affairs, Vice President of Enrollment & Student Services, etc.)***

For President's Office use only:

Approved Not Approved President: _____ Date: _____

Funding Approval Not To Exceed \$_____ Cost Center: _____ Line(s): _____

Employee Name (Print): _____ Date: _____

**QUINSIGAMOND COMMUNITY COLLEGE
PRESIDENT'S OFFICE
REQUEST FOR BEST PRACTICE FUNDING, PART II**

Submit reimbursement form, *upon completion of activities*, to the President's Office, mailbox #1.
Forms that are incomplete or lacking original receipts/documentation will be returned to applicant.

Instructions: In order to receive reimbursement, upon completion of best practice activities, complete all applicable portions of this form and attach original receipts/documentation of best practice activities.

Please note that photocopies are not acceptable forms of documentation; all receipts/documentation must be in their original state or reimbursement will not be made. Submit form and documentation to the President's Office, mailbox #1, within 30 days of completion of best practice activities; the President's Office will forward all signed forms, original receipts/documentation to the Business Office.

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Please specify **best practice activity expenses** below: *(original documentation required for all expenses)*

Expense: *(please specify:* _____ *)* \$ _____.

Expense: *(please specify:* _____ *)* \$ _____.

Expense: *(please specify:* _____ *)* \$ _____.

Expense: *(please specify:* _____ *)* \$ _____.

Expense: *(please specify:* _____ *)* \$ _____.

Total Best Practice Activity Expenses: \$ _____.

Applicant's Signature: _____ **Date:** _____

President: _____ **Date:** _____

Comptroller: _____ **Date:** _____

For President's Office use only:

Received: _____ **Approved Reimbursement Amount:** _____

Cost Center(s): _____ **Line(s):** _____