**NNLM Region 4 – Professional Development Application Template**

*(Use this template to complete your application for funding. All instructions in parenthesis may be deleted.)*

**Program/Event Name:** *(Provide the name of the event, program, or educational activity.)*

**Program/Event Dates:** *(Provide the appropriate dates.)*

**Professional Development URL:** *(URL for the exhibit, conference, or professional development you would like to attend or hold, if available.)*

**Amount Requested:** *(The amount specified should not exceed the limit established by the RML/Office. Contact your**Region 4 Medical Library**if you have questions about the funding amount. Enter the amount to the nearest whole dollar.)*

**Significance/Objectives**: (Provide a short 1-2 paragraph description that summarizes the proposed program/event. State the goal(s) of the proposed program/event or educational activity and how they align to the [NNLM Goals and Objectives](https://nnlm.gov/about/regions/region4). Discuss why this program/event would be necessary or useful for the intended beneficiary.)

**Member Information:**

* **Member Organization*:*** *(If the reimbursement is NOT going to an individual, identify the institution that will receive funding.)*
	+ **Primary Contact:** *(If you are the primary contact, list your own name.)*
	+ **Institution Tax ID:** *(Enter the 9-digit tax identification number for your institution. Check with your Region 4 Medical Library to see if this is a requirement. Professional Development Awards reimbursement requests paid to an individual are excluded.)*
	+ **Institution Unique Entity ID:** *(Please confirm your organization’s Unique Entity ID (UEI) with*[*the System for Award Management*](https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0041254&sys_kb_id=875189f21bee8d54937fa64ce54bcbaa&spa=1)*(SAM.gov). If your organization does not have a UEI,*[*register for one*](https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0050995&sys_kb_id=c0920cc11b9e4d10937fa64ce54bcb3e&spa=1)*as soon as possible.. Check with your Region 4 Medical Library to see if this is a requirement. Professional Development Awards reimbursement requests paid to an individual are excluded.)*
	+ **Have you/your institution previously received NNLM funding in the current grant cycle?** *(Select Yes, No, or I don’t know.)*
* **Populations Served:** *(These should be the primary populations served by the funded activity.)*
* **Participant’s Roles:** *(These are the primary roles of the participants of the program/event/educational activity.)*
* **Personnel Qualifications:** *(Submit resumes or CVs for personnel listed as attachments with your completed application if appropriate.)*

**Schedule / Timeline**

*(Include a timeline for implementing the plan to meet objectives.)*

In submitting this application, you acknowledge and agree to:

* You will share the information gained with colleagues in your institution/RML/Office as required by the Request for Proposal.
* You will submit regular, interim, and final reports, as requested by the funding agency, and stipulated in the Request for Proposal.
* Any web-based resources developed for this project will ensure accessibility to the greatest possible number of people.
* Additional documentation will need to be completed should your project be awarded. Please consult with john.bramble@utah.edu for details.

**Budget**

Please complete the budget table below. Include detailed budget Expense Categories, explaining the purpose of each item in the project. If a budget line is not applicable for your project, leave it blank. Enter each amount to the nearest whole dollar.

**Funding Restrictions Notification: food, promotional items, and furniture are not allowable expenses. Promotional items not allowed include but are not limited to: clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags that are sometimes provided to visitors, employees, grantees, or conference attendees. Refer to the** [**NIH Grant Policy on Allowability of Costs/Activities**](https://grants.nih.gov/grants/policy/nihgps/html5/section_7/7.9_allowability_of_costs_activities.htm)

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| Item Title | Item Description | Amount |
| Fees | *(Any fees associated with the educational activity/program or event.)* |  |
| Travel | *(Estimates for travel. Include description and any quotes in the budget table and narrative justification attachments)* |  |
| Hotel | *(Costs associated with lodging.)* |  |
| Per Diem | *(Costs associated with meals and incidental expenses.)* |  |
| Other | *( Include description and any quotes in the attached budget or as other attachment.)* |  |
| Reproduction | *(Printing materials or other reproduction costs.)* |  |
| Other Funding (if Applicable) | *(Other funds that will be used to support the project should be specified. This includes matching funds, other grants, etc.)* |  |
|  | Total Requested |  |