

**Department of Family Medicine and Community Health**  
**Proposal for Support of Faculty Time for Professional Development**

*Contingent on the availability of funding, the Department supports a limited number of faculty to devote time to short term projects or professional development activities (typically 20-40% effort over 1-3 years) that align individual goals with the Department's strategic plan. The application process should include discussion with faculty supervisors, assignment of a mentor, and sponsorship by a member of the Department's Senior Leadership Team (SLT: Chair, Vice Chairs and Academic Administrator). Decisions regarding support and ongoing oversight will be the responsibility of the SLT. For more information, please contact Elena Maltese, Administrator, 774-442-3018 or [elena.maltese@umassmemorial.org](mailto:elena.maltese@umassmemorial.org)*

**Criteria**

- Confidence that it will be successful
- Efforts are consistent with Department's Strategic Plan
- Defined timeline
- Evidence of productivity in current job
- Project produces a clear deliverable at the end
- Proposal builds on pre-existing work or other work within the Department

**Guidelines**

- Involvement of your supervisor
- Plan for quarterly review of progress
- Commitment to continued service to the Department for a period equal to the length of support provided
- Clear and realistic definition of the resources required

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*Proposals should address the following questions, and should be submitted to a member of the Department's Senior Leadership Team, signed by the faculty member's immediate supervisor and by the proposed mentor.*

1. **Who:** Please describe your background and experience with the project proposed
2. **What:** Provide a brief description of the project or activity:
  - a. Goals
  - b. Objectives
  - c. Methods
  - d. Resources required
3. **Alignment:** How does your proposal fits in with the Department's strategic plan?
4. **When:** Provide a specific timeline for the project
5. **How much support is requested:** Percent time or other funding requested
6. **Oversight/Supervision:**
  - a. Is your proposal supported by your immediate supervisor?
  - b. Who will provide mentorship for the project or activity?
  - c. Designate a member of the Department's Senior Leadership Team who will sponsor the project or activity
7. **Outcomes/Evaluation.** Please list expected outcomes in the following areas:
  - a. Professional Development
  - b. Benefit to the Department
  - c. Evaluation Plan
  - d. Project Results (a 1-page report must be submitted to your supervisor at the end of the project)