

# Health & Human Services Professional Development Fund

## ADMINISTRATION GUIDELINES

October 2020

### A. Professional Development Fund Summary

To encourage and support workforce development within the Health and Human Services (HHS) departments, a professional development fund has been established. This Fund will provide opportunities for HHS staff to expand the knowledge and skills used to serve the dynamic public health needs of Fort Bend County and to acknowledge outstanding performance that results from professional development activities.

### B. Eligible Applicants

1. Fort Bend County HHS employees
2. Full-time employees who have worked for HHS for a consecutive year

### C. Acceptable Professional Development Activities and Requests

All activities should be directly related to development of skills and resources necessary to complete the professional duties of an applicant's position at Fort Bend County. Such activities include:

1. Conferences, conventions, seminars, trainings or workshops
2. Tuition for classes at an accredited university taken for credit or non-credit (proof of accreditation is required)
3. Books or other materials required for related professional development activities

### D. Application Process and Guidelines

1. Application Timeline is as follows:
  - January 2 – Application Period opens
  - January 31 – Applications are due
  - February 1- 28 – Committee meetings and selection process
  - March 1 – 15 – notification of recipients
2. Application is attached to these guidelines (Appendix A).
3. Thoroughly read the guidelines and the application before completing and submitting the application. Feel free to address questions regarding the HHS Development Fund to the Director or Deputy Director of Public Health Practice. Email correspondence preferred.
4. Completed applications should be submitted to the immediate supervisor who must return it within ten (10) days. The supervisor will make and keep a copy of the application for

- his/her records. Note: the supervisor's signature indicates approval of the activity and the time needed to participate in the activity, should it occur during regular work hours
5. After your supervisor has signed the application, make copies for your own records. **You may upload the completed and signed application to the HHS Professional Development Fund Portal**
  6. Applications are due by (date to be determined). Late applications will not be considered.
  7. Applications will not be considered for activities that have occurred or started before the application is considered by the Committee.
  8. An applicant may submit an application for more than one professional development activity, however each activity must be proposed on a separate application form.

#### **E. The Approval Process**

The HHS Professional Development Fund is administered by the HHS Professional Development Fund Committee established by Fort Bend County Health & Human Services (HHS). The initial review Committee includes: the Director of Fort Bend County (HHS), the Deputy Director of HHS for Public Health Practice and the Deputy Director of HHS for Operations. If a committee member is an applicant for funding, that committee member will not be part of any committee meetings, reviews or decisions during the time that their application is under consideration. Decisions of the committee are final. Determination letters will be sent no later than one month after decisions have been made.

#### **F. Limitations on Funding**

1. The HHS Professional Development Fund award year runs from April 1- March 31. Funding must be used for activities occurring during this time frame. The maximum amount to be awarded in any given year is \$7,500. Funds not awarded in an award year will roll to the following year but award limits will remain in place.
2. Applications requesting funds for activities costing more than \$1,000 are eligible for consideration, but an applicant's individual award may not exceed \$1,000 at the sub-department head level or \$2000 for department heads/division managers.
3. Preference is given to applicants who have not previously received funding from the HHS Professional Development Fund.

#### **G. After Awards Have Been Determined**

1. Fund recipients will be notified of their award via email. The email will contain an award letter, Reimbursement Policy sheet, and Reimbursement Expense Report form. Fund recipients should read all materials thoroughly before participating in the professional development activity and incurring related expenses.
2. Any changes to the proposal—including non-attendance of the proposed activity—must be reported to the Fund recipient's supervisor and to the HHS Professional Development Fund Committee.

3. Funding awards shall be used in accordance with the Fort Bend County Travel Policy concerning allowable expenses and required documentation.
4. Within thirty (30) days after the conclusion of the approved professional development activity, the Fund recipient should submit to their supervisor and to the HHS Professional Development Fund Committee a report describing the Fund recipient's experience at the approved activity and how it benefited the Fund recipient's professional development.
5. In the event that a recipient is no longer employed by Fort Bend County at the time the professional development activity occurs, any claim to the funds awarded by the HHS Professional Development Fund Committee is forfeited and the funds will be awarded to another recipient.

# **HHS Professional Development Fund**

## **Administration Guidelines**

### **Appendix A**

#### **Application, Payment and Reimbursement Process**

##### **1. Application Dates and Schedule**

The HHS Professional Development Fund Committee encourages early application for funding of specific activities, for example:

Completed applications and all supporting materials are due by 5 pm January 31 of the award year.

**HHS Professional Development Fund**

c/o Fort Bend County Health & Human Services

4520 Reading Road, Suite A-100

Rosenberg, TX 77471

**[hhs@fortbendcountytexas.gov](mailto:hhs@fortbendcountytexas.gov)**

## The HHS Professional Development Fund

Health & Human Services Administration office, 4520 Reading Road, Suite A-100, Rosenberg, TX 77471

Tel: (281) 238-3323, Fax: (281) 238-3355

[hhs@fortbendcountytexas.gov](mailto:hhs@fortbendcountytexas.gov)

### APPLICATION FORM

September 2020

#### A. PERSONAL DATA AND CONTACT INFORMATION

First Name: _____	Last Name: _____
Department: _____	Functional Title: _____
Date of Hire: _____ [must be employed for at least one consecutive year]	
Street Address: _____	
City/State/Zip: _____	
Personal Phone: _____	Work Phone: _____
Email Address: _____	

#### B. APPLICATION SUMMARY

Name of Activity: _____
Type of Activity: _____ Location: _____
During Working Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Activity: ___/___/___ to ___/___/___
Amount Requested: \$_____ [Details on Estimate of Expenses form]

#### C. COMMITTEE ACTION – FOR COMMITTEE USE ONLY

<input type="checkbox"/> Approved for the amount of \$_____		
<input type="checkbox"/> Not approved		
<ul style="list-style-type: none"><li>• Activity not appropriate to purposes of the fund</li><li>• Fund award year limit of \$7,500 has been reached</li><li>• Retroactive</li><li>• Other _____</li></ul>		
_____ Name of Committee Chair	_____ Signature	_____ Date

**D. PROFESSIONAL DEVELOPMENT ACTIVITY DETAILS**

1. **Provide details about the purpose for which you propose to use The HHS Professional Development Fund award.** What is the official name of the event or project? What type of activity or project is it? What organization is hosting event? Describe the specific workshops, classes, discussions, programs, reading materials, etc. that you plan to use and attend.

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I have included the required documentation from the hosting organization (website, brochure, catalog, etc.) describing the activity in which I plan to participate, including event name, dates, location, fees and specific workshops I plan to attend.

2. **Explain how the proposed activity is related to your job at Fort Bend County Health & Human Services.** What are some of your job duties and skill requirements? What elements of the proposed activity will address those specific duties and skill development?

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3. **Explain how you will apply what you learn at the proposed activity to your job duties at Fort Bend County Health & Human Services.** What changes might you anticipate after participating in the proposed development activity? Who will be affected by your enhanced knowledge and skills? Will you train or share information from the activity with colleagues? If so, with whom and how?

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**E. HISTORY OF ADDITIONAL AND PREVIOUS FUNDING**

1. Have you received funding for this professional development activity from any other source?

- No additional funding received
- Yes, details below including source and amount:

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2. Have you previously received awards from the HHS Professional Development Fund?

- No
- Yes, details below including date and purpose for which award was granted:

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

**F. SUPERVISOR REVIEW AND SIGNATURE**

1. Is the employee's participation in the professional development activity approved?

- Yes, approved
- No, not approved. Explanation below:

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\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**G. APPLICATION CHECK LIST AND ACKNOWLEDGEMENT SIGNATURE**

In preparation for submitting my application to the HHS Professional Development Fund Committee, I have included the following:

- Personal data and contact information
- Professional development activity details
- Documentation of professional development activity from the event organizer
- Estimate of Expenses form
- Documents supporting expense estimate
- Supervisor signature of approval
- My signature of acknowledgement

I acknowledge the following:

1. Funds provided under this program are to be used solely for the purposes intended and in accordance with the policies of the HHS Professional Development Fund Committee.
2. Should I be awarded professional development funds and then decide not to participate in the professional development activity, I will notify my supervisor and the HHS Professional Development Fund Committee as soon as possible, but no later than the date on which the proposed professional development activity was to begin.
3. Should the stated purpose of the professional development activity substantially change or should any of the particulars of the professional development activity change (such as the date and time of the activity), I will immediately notify my supervisor and the HHS Professional Development Fund Committee of the change and give them an opportunity to review the status of my application. Should my supervisor or the HHS Professional Development Committee determine that the purpose for the professional development award is no longer being served, the award may be modified, terminated, or rescheduled. If the change in date and time conflicts with the needs of the department, the award may be modified or rescheduled. I will be notified of such termination or modification within ten (10) business days of my communication of the changes to the supervisor and the HHS Professional Development Fund Committee.
4. If I am considered to be at work while engaging in the professional development activity and therefore receiving payment for my time, I will not receive remuneration from any other source for services rendered during the time that I am participating in this activity.
5. Within thirty (30) days after the conclusion of the approved professional development activity, I shall submit to my supervisor and to the HHS Professional Development Committee a report (at least one page long) describing my experience at the approved activity and how it benefited my professional development; a completed Reimbursement Expense Report form; and acceptable documentation for proof of payment.

6. I will be reimbursed for my expenses related to the professional development activity by the HHS Professional Development Fund Committee only upon submission of the reimbursement request and materials as outlined in item 5, above and in accordance with the Travel Policy incorporated in the Fort Bend County Purchasing Manual. My reimbursable award year total will not exceed \$1,000.
7. My application is due by January 31 of the activity award year.
8. In the event that I am no longer employed by Fort Bend County at the time my professional development activity occurs, I understand that I forfeit any claim I may have to the funds awarded by HHS Professional Development Fund Committee.

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Applicant Signature

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Date

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### ESTIMATE OF EXPENSES

September 2020

First: _____ Last: _____	
Employee ID: _____ Title: _____	
<b>Anticipated Costs Related to the Professional Development:</b>	
Registration:	\$ _____
Tuition:	\$ _____
Airfare:	\$ _____
Mileage:	\$ _____
Parking Costs:	\$ _____
Hotel Accommodations:	\$ _____
Per Diem:	\$ _____
Required Materials or books:	\$ _____
Other:	\$ _____ Describe: _____
Total Cost Estimate:	\$ _____
<b>All expenses must comply with the Fort Bend County Purchasing Manual Travel Policy.</b>	

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## **PAYMENT AND REIMBURSEMENT POLICY**

**September 2020**

### **A. Reimbursement Expense Guidelines**

1. All payments and reimbursements resulting from an award from the HHS Professional Development Fund will follow the guidance and requirements of the Fort Bend County Purchasing Manual Travel Policy in existence at the time of the activity. The current travel policy may be found in the Fort Bend County Purchasing Manual which is available on line at the Fort Bend County website *econnect* portal.