

# Nancy Drake Professional Development Fund

## ADMINISTRATION GUIDELINES

Revised July 2015

### A. Professional Development Fund Summary

To commemorate the contributions made to Fort Bend County by Nancy Drake, RN, the sole director of Fort Bend County Clinical Health Services until her untimely death on July 2, 2015, a fund has been created in her name, the Nancy Drake Professional Development Fund. This Fund will provide opportunities for Clinical Health Services' staff to expand the knowledge and skills used to serve the dynamic public health needs of Fort Bend County.

Nancy Drake became an employee of Fort Bend County in 1986 and served Fort Bend County residents as a public health nurse for 29 years, participating in the growth of a rural, one-building combined environmental health and nursing department to a multi-location Clinical Health Services Department of which she was the sole director. Nancy directed the response to outbreaks and emergencies in Fort Bend County, including the 1989 Measles outbreak, often risking her own health and safety, and demonstrating a clear understanding and dedication to the principles of public health.

Nancy served on numerous committees, task forces, panels, coalitions and commissions focusing on the amelioration of various public health issues, handling her responsibilities with professionalism, fortitude, dedication and skill. She ensured that all programs within Clinical Health Services were designed with the goals of understanding disease processes and ensuring that superior information and best practices would prevent further illness.

### B. Eligible Applicants

1. Fort Bend County Clinical Health Services employees
2. Employees who work at least forty (40) hours a week and have worked for Clinical Health Services 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 is attached to these guidelines (Appendix A).
2. Thoroughly read the guidelines and the application before completing and submitting the application. Feel free to address questions to Nancy Drake Professional Development Fund Committee Liaison - the Deputy Director of Fort Bend County Health & Human Services. Email correspondence preferred.
3. Submit the completed application to your 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
4. After your supervisor has signed the application, make copies for your own records. **You must mail or drop-off a printed application** (including all supporting documentation and original signatures) to the Health & Human Services Administration office, Attn: Nancy Drake Professional Development Fund Committee, 4520 Reading Road, Suite A-100, Rosenberg, TX 77471.
5. Applications are due by the first day of the month, at least two months prior to the proposed activity (example: an application for an activity in May needs to be considered at the March meeting and must be received by March 1st). If the first day of the month falls on a weekend or holiday, the due date will be the last business day of the month prior. Late applications will not be considered.
6. Applications will not be considered for activities that have occurred or started before the application is considered by the Committee.
7. Applications must be typed and will not be considered if they are incomplete.
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 Nancy Drake Professional Development Fund is administered by the Nancy Drake Professional Development Fund Committee established by Fort Bend County Health & Human Services. The Committee will meet once a month, as needed, to consider applications. Determination letters will be sent no later than the end of the month during which the application was considered. The Committee includes: the Deputy Director of Fort Bend County Health & Human Services, the Director of Clinical Health Services, the TB program manager, the Lead Immunization Nurse and the Epidemiology Lead. Each application will be reviewed by the committee members. If the committee is unable to reach a decision by majority vote, the decision will be made by the Director of Health & Human Services. 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.

## **F. Limitations on Funding**

1. The Nancy Drake Professional Development Fund award year runs from October 1 through September 30. The maximum amount to be awarded in any given year is \$3,000. 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 \$3,000 are eligible for consideration, but an applicant's individual award may not exceed \$3,000.
3. The committee may determine to distribute available funds to 2 or more eligible applicants to the extent that the total of all awards in a year does not exceed \$3,000.
4. Preference is given to applicants who have not previously received funding from the Nancy Drake Professional Development Fund.

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

1. Fund recipients will be notified of their award via interoffice mail. The envelope 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 recipients' supervisor and to the Nancy Drake 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 recipients should submit to their supervisor and to the Nancy Drake Professional Development Fund Committee a report (at least one page long) describing the Fund recipients' 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 Nancy Drake Professional Development Fund Committee is forfeited and the funds will be awarded to another recipient.

# Nancy Drake Professional Development Fund

## Administration Guidelines

### Appendix A

#### Application, Payment and Reimbursement Process

##### 1. Application Dates and Schedule

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

If your proposed activity begins in:	Hard copy applications are due at the HHS Administrative office with all signatures by 5pm on:	Decisions will be announced by interoffice mail by:
January 2016	November 1, 2015	December 1, 2015
February 2016	December 1, 2015	January 1, 2016

Printed applications are due at the Health & Human Services Administration office by the first of the month at least two months prior to the proposed activity (example: an application for an activity in June needs to be considered at the April meeting and must be received by April 1st). If the first day of the month falls on a weekend or holiday, the due date will be on the last business day of the month prior, ending at 5pm.

Applications must be received at the following address by 5 pm on the due date:

**Nancy Drake Professional Development Fund**  
c/o Fort Bend County Health & Human Services  
4520 Reading Road, Suite A-100  
Rosenberg, TX 77471

## The Nancy Drake 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

### APPLICATION FORM

Revised July 2015

#### A. PERSONAL DATA AND CONTACT INFORMATION

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

#### B. APPLICATION SUMMARY

<b>Name of Activity:</b> _____
<b>Type of Activity:</b> _____ <b>Location:</b> _____
<b>During Working Hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dates of Activity:</b> ___/___/___ to ___/___/___
<b>Amount Requested:</b> \$_____ [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 \$3,000 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 Nancy Drake 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 Clinical Health 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 Clinical Health 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 Nancy Drake 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 Nancy Drake 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 Nancy Drake 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 Nancy Drake 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 Nancy Drake Professional Development Fund Committee of the change and give them an opportunity to review the status of my application. Should my supervisor or the Nancy Drake 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 Nancy Drake 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 Nancy Drake 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 Nancy Drake 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 \$3000.
7. My application is due by the first of the month, at least two months prior to the proposed professional development activity.
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 Nancy Drake Professional Development Fund Committee.

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Applicant Signature

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Date

## The Nancy Drake 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

### ESTIMATE OF EXPENSES

Revised July 2015

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>	

## **The Nancy Drake 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

### **PAYMENT AND REIMBURSEMENT POLICY**

**Revised July 2015**

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

1. All payments and reimbursements resulting from an award from the Nancy Drake 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.
2. Additionally, a report (at least one page long) describing the awardee's experience at the approved activity and how it affected the awardee's professional development will be required to be submitted to Nancy Drake Professional Development Fund Committee before the reimbursement form will be signed by the department for submission to the Auditor.