University of Colorado Boulder

Office of Faculty Affairs
2055 Regent Drive, Room 350
049 UCB
Boulder, Colorado 80309-0049 facultyaffairs@colorado.edu

BUDGET WORKSHEET
For Associate Professor Growth Grants
AY 2027-28

Please complete this Budget Worksheet form and indicate the order of priority for each item. Note that partial grants may be awarded. This form needs to be submitted with your proposal to www.bit.ly/growthgrants no later than January 15, 2027 at 5:00PM MST.

Prioritized and Itemized Budget Request

Name:

Course Reduction (maximum of one course reduction permitted)

Cost of Teaching Replacement:

Benefits for the Temporary Teaching Replacement
(32% of cost of teaching replacement):

Research/Technical Assistance (e.g., Hourly):

Materials, Equipment, Supplies (Please specify):

Scholarly and Creative Work Travel

International/Domestic Airfare:
(Please provide quote from CU-approved travel agency)

Ground Transportation:

Lodging (Please attach quote from hotel):

Other Travel Expense (Please specify):

Other Expense (Please specify):

TOTAL Budget:

Amount Requested for Growth Grant:
(Not to exceed $12,000)

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DEPARTMENT CHAIR APPROVAL
For Associate Professor Growth Grants
AY 2027-28

This form needs to be signed by your chair for course reduction approval. Please complete this Budget Worksheet form. This form needs to be submitted with your proposal to www.bit.ly/growthgrants no later than January 15, 2027 at 5:00PM MST.

Professor _____ is approved for a course reduction in the

(Check one or both)

☐ Fall semester of 2027 ☐ Spring semester of 2028

As an internal CU Boulder entity, the Associate Professor Growth Grant program will compensate the unit for the cost of hiring a teaching replacement, based on each school/college/department/unit's compensation rates for temporary faculty.

Signed:

Name:

Date: