

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 2026-27

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 16, 2026 at 5:00PM MST.

www.bit.ly/growthgrants no later than January 16, 2026 at 5:00PM MST.		
Prioritized and Itemized Budget Request		
Name:		
Course Reduction Cost of Teaching Replacement:		
Benefits for the Temporary Teaching Replacement (31% 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)		



Office of Faculty Affairs 2055 Regent Drive, Room 350 049 UCB Boulder, Colorado 80309-0049

facultyaffairs@colorado.edu

DEPARTMENT CHAIR APPROVAL For Associate Professor Growth Grants AY 2026-27

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 16, 2026 at 5:00PM MST.

Professor	_ is approved for a course reduction in the	
(Check one or both)		
Fall semester of 2026	Spring semester of 2027	
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:		