

# Minigrant Application Publication Support (PUB)

Please refer to Minigrant Guidelines.

**All applications must be typed. Use paperclips to attach documentation - do not staple.**



<b>PI INFORMATION</b>		<b>PROJECT TERM</b>
Principal Investigator		Semester
Department		Year
E-mail		Phone ext:

**PUBLICATION DETAILS**

Fees requested for:     Page                       Publication                       Indexing

Publication Title

Name of Journal,  
Book and/or Publisher

**COMPLIANCE AREAS** (*Mandatory Field - check all that apply*)

<input type="checkbox"/> NA	<input type="checkbox"/> Use of hazardous materials
<input type="checkbox"/> Human Subjects (including surveys)	<input type="checkbox"/> Export Control
<input type="checkbox"/> Vertebrate animals (including agriculture use/field work)	

**Amount of Funding Requested** (*max of \$750*) \_\_\_\_\_

**MATCHING** - 50% matching is required for PUB minigrants. Indicate sources(s) providing match and specific dollar amount(s).  
PUB minigrants do not pay for review or submission fees.

Source	Amount
Applicant	_____
Department	_____
College	_____
Other, specify source _____	_____

**CHECKLIST: Attach the following:**

- Documentation of publication acceptance
- Page charges from peer-reviewed journal

**Limitations**

Applications are limited to 1 publication grant per fiscal year.

Review the Minigrant Guidelines document for other funding limitations.

**APPLICANT CERTIFICATION**

- I certify that this project does not directly support the conduct of a master's thesis or doctoral dissertation.
- I certify that the statements in this application are true, complete, and accurate to the best of my knowledge.
- If this project is awarded, I agree to accept sole responsibility for the conduct of this project and will adhere to all university policies and procedures. I accept responsibility for payment of any and all over-expenditures should they occur. I will review the PI/PD Responsibilities document and the Research Enhancement materials on the website to ensure I adhere to all program requirements.
- I will provide any required progress reports. Any publication, poster, or presentation resulting from this grant will state "The project was conducted under a grant from the Stephen F. Austin State University Research Enhancement Program."

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

**DEPARTMENT REVIEW & APPROVAL**

- I have reviewed the applicant faculty status and verify this faculty is tenure-track and eligible to apply. In addition, I have reviewed the budget, matching funds (if indicated), and approve the faculty project.
- I certify the faculty member will have the required space/facilities and time to perform the project.

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Date

*After PI and Chair signature, campus mail application to ORGS Box 13024.*

**For ORGS use only**

Pending Prior Year Reports:    Yes    No

Current Internal Grants:        \_\_\_\_\_

\_\_\_\_\_

- Denied (see email)
- Approved    \$ \_\_\_\_\_    FOP: \_\_\_\_\_

**Compliance Verification**     NA

Approvals required \_\_\_\_\_    Approvals received \_\_\_\_\_

\_\_\_\_\_  
URC Chair / ORGS

\_\_\_\_\_  
Date