

Minigrant Application

Travel Support (TS): Collect Research Data

Please refer to Minigrant Guidelines



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

All applications must be received at least 3 weeks prior to departure date.

PI INFORMATION

Principal Investigator _____

Department _____

E-mail _____

Phone Ext: _____

Project Title _____

Travel Details:

Departure Date: _____

Return Date: _____

Destination: _____

MATCHING List any matching commitments or attach other department/college requests. Attach additional pages as needed.

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

Amount of Funding Requested:
(max of \$750 per trip) _____

COMPLIANCE AREAS (Mandatory Field - check all that apply)

Human subjects (including surveys)

Vertebrate animals (including agricultural use/ field work)

N/A

Use of hazardous materials

Export Control

CHECKLIST Please **attach** :

- 1. Travel justification that includes:
 - a. Explanation of travel activities;
 - b. Itemized budget;
 - c. Why the travel is important to your research agenda; and
 - d. Description of your research project addressing the who, what, where, when, why, and how as well as your research methodology and plans for evaluation.
- 2. List any matching commitments for this project or attach other department/college requests. Attach additional pages as needed.
- 3. If multiple SFA faculty will be applying for support for the same presentation/performance, provide justification on the necessity of multiple SFA faculty to travel.

Limitations

Individuals who receive an RCA cannot receive a Travel Support or Project Support minigrant award during the summer.

Refer to 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