| fulton faculty grant application | | | | |
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| faculty Information | | | | |
| Name: | Click here to enter text. | | | |
| Department: | Click here to enter text. | | | |
| project description | | | | |
| Project Title: | Click here to enter text. | | | |
| Beginning Date: | Click here to enter text. | | | |
| Ending Date: | Click here to enter text. | | | |
| funds requested | | | | |
| Fulton Grant Funds Requested: $Click here to enter text. | | | | |
| Other Funds: $Click here to enter text. | | | | |
| Departmental Funds: $Click here to enter text. | | Faculty Development: $Click here to enter text. | SU Foundation: $Click here to enter text. | |
| Total funds requested (this must not be more than your total budget): $Click here to enter text. | | | | |
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| project information | | | | |
| **Project description** (Provide a clear and detailed description of activities that will be carried out with the help of the grant. Be sure to explain how the proposed project will impact your academic program/course of study, teaching and/ or scholarly development, including benefits to your students, department and/or academic program, the Fulton School, and/or University. | | | | |
| Click here to enter text. | | | | |
| **Project evaluation** (Please state the expected outcome(s) of your study/project and how you will evaluate its impact on your department and program, both in terms of scholarship and instruction. | | | | |
| Click here to enter text. | | | | |
| project budget | | | | |
| Provide a detailed and realistic anticipated budget, including registration fees (with verification), well researched and complete travel and accommodation costs, factoring in fees, taxes, etc. (include online quotes), and accurate food per diem amounts (see [www.salisbury.edu/accountspayable/meal.html](http://www.salisbury.edu/accountspayable/meal.html) for rates; for anything above the standard rates, detailed receipts will be required). Please make every effort to economize. Also, please explain/justify high-cost and/or out-of-the-ordinary items. Attach a State of Maryland Expense Account form to document your expenses. | | | | |
| REQUEST FOR travel form | | | | |
| This form is required for all travel, in-state or out-of-state.  Note: Access form via [www.salisbury.edu/accountspayable/forms.html](http://www.salisbury.edu/accountspayable/forms.html) and submit hard copy, with required signatures, to Dean’s Office by grant application deadline. | | | | |
| documentation | | | | |
| Conference Presentation: provide a copy of the acceptance notification (if acceptance notification has not been received provide a copy of your submission). | | | | |
| Travel Expenses: documentation must be provided for all expenses listed in your budget including; registration, hotel, airfare, mileage, per diem, parking, taxi, etc. | | | | |
| reassigned time | | | | |
| If you are applying for reassigned time, you must include the written approval of your department chair with your application. The chair must submit a separate letter for each request for released time. Recipients of reassigned time are not eligible for additional grant funding during the semester of the reassignment. | | | | |
| final report | | | | |
| Please submit a final report together with original receipts and a MD State Expense Account Form listing all other sources for the same project/travel. All must be submitted to the Dean's Office within 30 business days of returning from travel, or, 30 business days from incurring the last expense of a project within this granting period. No reimbursement for travel will be approved until the report has been filed. No new applications will be considered from recipients who have not submitted final reports. | | | | |
| Signatures | | | | |
| I acknowledge that I have read and will adhere to these instructions. | | | | |
| Signature of applicant: | | | | Date: |