

APPLICATION FOR ACADEMIC YEAR 2022–2023 GRANTS

NOTE: If you plan to submit this application digitally, you must save it to the desktop with a new name and email completed application to deborah_klesenski@fitnyc.edu

Name: _____ Date: _____

Rank: _____ School/Department: _____

Room: _____ Phone: _____ Email: _____

*Will you be on sabbatical during the proposed activities? YES _____ NO _____

*As a result of this travel, will you receive money from an external source and/or the host organization? YES _____ NO _____ If yes, please state the amount: _____

Do you have tenure? YES _____ NO _____

*Has your chair or supervisor been informed of your plans to request funding and/or travel? YES _____ NO _____

Adjunct faculty only:

1. For teaching faculty: Will you be teaching a credit-bearing or equated credit-bearing course at FIT when the funded activity will take place? _____ Or for the following semester? _____
2. Faculty assignments: _____
3. How many semesters have you taught at FIT? _____
4. Do you have a CCE? _____
5. Has your chair or supervisor been informed of your plans to request funding and/or travel? YES _____ NO _____
6. Are you full-time faculty at a college other than FIT? YES _____ NO _____

GRANT CATEGORIES: (Please check category and fill in requested information.)

I. TRAVEL TO PRESENT AT SCHOLARLY CONFERENCE OR PROFESSIONAL GATHERING

Dates: _____ Location: _____

Conference/Professional Gathering name: _____

Are you presenting or facilitating (yes/no): _____

II. RESERACH, SCHOLARLY, PEDAGOGICAL, CREATIVE OR INDUSTRY-RELATED

ACTIVITY (*Only work in primary area of expertise is allowed. Please see requirements in applicable category.*)

Start/End Dates: _____ Location of work: _____

Name of associated organizations: _____

III. PROJECTS

Start/End Dates: _____ Project name: _____

IV. FACILITATE SYMPOSIUM OR CONFERENCE AT FIT

Start/End Dates: _____ Event name: _____

V. WINTER/SUMMER PRACTICUM

Start/End Dates: _____ Sponsor organization: _____

BUDGET FORMS

All reimbursements are subject to SUNY guidelines:

<http://osc.state.ny.us/agencies/travel/part8.htm>

If this is *not* your first request in the same category, please ask for the full amount you need. The committee will adjust the award as per guidelines. (Choose the appropriate budget form---A, B or C.)

A. Conference/Professional Gathering Attendance Budget:

Item	Total Cost	Other Funding	FDGA Request
Air/Train Fare			
Travel Insurance*			
Hotel			
Conference Fees			
Food			
Taxi			
Rental Car/private auto			
Other			
TOTAL			

***Travel Insurance may not be required and will not be deducted from your allowable award.**

ONLY THE MOST COST-EFFECTIVE, DIRECT OR DIRECTLY CONNECTING FLIGHTS TO/FROM THE CITY IN WHICH THE EVENT IS BEING HELD CITY WILL BE REIMBURSED. For more information, please see SUNY guidelines: <http://system.suny.edu/travelguideline/>

****TRAVEL-RELATED COSTS INCURRED MORE THAN TWO DAYS BEFORE OR TWO DAYS AFTER PROPOSED ACTIVITY WILL NOT BE REIMBURSED.**

B. Other activities budget: Including hosting seminars at FIT, research/creative practice/industry innovation (Please fill in areas relevant to your work and see below information regarding MOUs and W-9s.)

Item	Total Cost	Other Funding	FDGA Funding	Brief Explanation
Honoraria/stipends to others				
Hourly wages				
Food and related items				
Travel-related costs				
Conference fees				
Other (Please explain)				
TOTAL				

A MOU and W-9 for vendors and service providers must be submitted to Academic Affairs at least 30 days prior to the event or delivery of service. For more information on this, please contact deborah_klesenski@fitnyc.edu (MOU and W-9 forms can be found on: <https://myfit.fitnyc.edu/web/myfit/insidefit>)