APPLICATION FOR ACADEMIC YEAR 2022–2023 GRANTS

<u>NOTE</u>: If you plan to submit this application digitally, you must save it to the desktop with a new name and email completed application to <u>celia_baez@fitnvc.edu</u>

| Name | : Date: |
|--------------|---|
| Rank: | School/Department: |
| Room | :Phone: Email: |
| | |
| *Will y | ou be on sabbatical during the proposed activities? YES NO |
| | result of this travel, will you receive money from an external source and/or the host ization? YESNO If yes, please state the amount: |
| Do yo | u have tenure? YES NO |
| - | your chair or supervisor been informed of your plans to request funding and/or travel? NO |
| <u>Adjur</u> | nct faculty only: |
| | 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? |
| | Faculty assignments: |
| | How many semesters have you taught at FIT? |
| | Do you have a CCE? |
| | Has your chair or supervisor been informed of your plans to request funding and/or travel? YESNO |
| 6. | Are you full-time faculty at a college other than FIT? YESNO |

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

| I. TRAVEL TO PRESENT AT SCHOLARI | Y CONFERENCE OR PROFESSIONAL GATHERING | | |
|---|---|--|--|
| Dates:Location: | | | |
| Conference/Professional Gathering nam | ne: | | |
| Are you presenting or facilitating (yes/n | o): | | |
| | GICAL. CREATIVE OR INDUSTRY-RELATED f expertise is allowed. Please see requirements in | | |
| Start/End Dates: | _ Location of work: | | |
| Name of associated organizations: | | | |
| III. PROJECTS | | | |
| Start/End Dates: | Project name: | | |
| IV. FACILITATE SYMPOSIUM OR CONF | | | |
| Start/End Dates: E | vent name: | | |
| V. <u>WINTER/SUMMER PRACTICUM</u> | | | |
| 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.)

| Δ | Conference/Professional | Gathering | Attendance | Budget: |
|----|-------------------------|------------|-------------------|---------|
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| Item | Total Cost | Other Funding | FDGA Request |
|---------------------------------|------------|---------------|--------------|
| Air/Train Fare | | | |
| For Travel: Required Insurance* | | | |
| Hotel | | | |
| Conference Fees | | | |
| Food | | | |
| Taxi | | | |
| Rental Car/private | | | |
| auto | | | |
| Other | | | |
| TOTAL | | | |

^{*}Travel Insurance 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 BENG HELD CITY WILL BE REIMBURSED. For
more information, please see SUNY guidelines: http://system.sunv.edu/travelquideline/

**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.)

| | Total | Other | FDGA | |
|------------------------|-------|---------|---------|-------------------|
| Item | Cost | Funding | 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 celia baez@fitnvc.edu.

(MOU and W-9 forms can be found on: https://myfit.fitnyc.edu/web/myfit/insidefit)