Florida A&M University
Division of Academic Affairs
Faculty Travel Grant Application
Please submit completed application to the Office of Academic Affairs using Interfolio RPT

FUNDING WILL BE USED TO ENHANCE SCHOLARLY RESEARCH ACTIVITY

Date: _____

Faculty Name: _____

Rank: _____

School/College: _____

Department: _____

Check one: ☐ **Domestic Travel**   ☐ **International Travel**

Name of Conference: _____

Date of Conference: _____

Location of Conference: _____

Title and Description of Conference Presentation:

Revised: 9/3/24

1. **What impact will the Faculty Travel Grant (FTG) award have on your research?**

   [blank box]

2. **Will you develop a manuscript and/or submit a grant pertaining to the research that you are presenting?** ☐Yes ☐No

3. **What benefit will your travel have to the University?**

   [blank box]

4. **Do you have access to research or departmental travel funds?** ☐Yes ☐No

5. **List all of your funded research projects including FAMU project numbers.**

   [blank box]

6. **Have you received a Faculty Travel Grant within the last 24 months?** ☐Yes ☐No

7. **If yes, when was your last travel grant awarded?**

   [blank box]

Detailed Budget – Include all items requested for travel:

Item	Cost or Estimate	Total Cost
Airfare/Railroad/Bus		
Hotel		
Meals ($36 per day: Breakfast - $6; Lunch - $11; Dinner - $19)		
Mileage		
Registration		
Rental Car		
Taxi		
Total		

Note: Provide estimates if actuals are not known

Please provide the following documentation. (Check List)

Curriculum Vitae ☐

Conference Program ☐

Submitted Research Abstract ☐

Conference Participation Acceptance Letter ☐

Faculty Signature

I affirm that the information provided in this application is true and accurate. I will not travel until I have received an authorization email from the Office of the Provost.   I understand that I will be financial liable for any expenses incurred for unauthorized travel.

Faculty Printed Name	**Signature**	**Date**

Revised: 9/3/24

Chair/Department Head
Applicant Travel Approval

Does the department have funding designated for travel?   ◯ Yes   ◯ No

Does the applicant have current funding?   ◯ Yes   ◯ No

Does the applicant have grant funds designated for travel?   ◯ Yes   ◯ No

Comments:_____

_____

_____   _____   _____
Chair/Director Printed Name   **Signature**   **Date**

Dean
Applicant Travel Approval

Does the department have funding designated for travel?   ◯ Yes   ◯ No

Does the applicant have current funding?   ◯ Yes   ◯ No

Does the applicant have grant funds designated for travel?   ◯ Yes   ◯ No

Comments:

_____   _____   _____
Dean Printed Name   **Signature**   **Date**

Revised: 8/21/17