

APPLICATION FOR ACADEMIC YEAR 2020–2021 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 celia_baez@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 to/from conference			
Hotel			
Conference Fees			
Food			
Taxi			
Rental Car/private auto			
Other			
TOTAL			

***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.)

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				

C. Practicum Budget:

Amount	FDGA Request	Other Funding