# UofM COE logo College of Education

**RESEARCH SUPPLEMENTAL GRANT PROGRAM**

* The College of Education Dean’s Office continues to offer a supplemental grant program to **tenure-track and tenured faculty in the College of Education**. This program provides limited funding for **one** national or international **conference** per funding cycle **for which the individual is the first research presentation author**.
* Upon return from the conference presentation, this program offers reimbursement of up to $500, following University procedures and guidelines. The recipient can receive this support no more than once per funding cycle. The current funding cycle runs from July 1 through June 30. Funding availability after June 30 is dependent upon future budget allocations.
* This program was developed in response to continuing budgetary compression and is

## intended to supplement, not replace, other funds for conferences.

* + To receive these funds, the individual must submit:
		- A completed application form endorsed by the department chair **prior** to travel
		- A copy of their conference proposal (**submitted summary or abstract**) that provides details of the conducted **research** and **correct author citation order**
		- A **letter (or official e-mail) of acceptance** from the national or international organization accepting the presentation

## Receive approval by the review committee prior to the conference.

* + ***Agree to submit electronic and hard copies of the presentation summary of this research to the College of Education Dean’s Office following the conference*. The summary of the presentation should be submitted separately to the Dean’s Office when the travel expense claim form and receipts are submitted through Chrome River for reimbursement.**
	+ Using the application form below, **submit requests and related documents to Dr. Leigh Harrell-Williams, BH 215, leigh.williams@memphis.edu**

# College of Education

***Application for Funds to Present Research Findings***

Name Date Faculty Rank Department Building & office # Phone

Email address T.A. # (if available)

Title of Presentation:

All Authors and Coauthors **in the Sequence Listed on the Presentation**:

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Conference Name:

Conference Location: Travel Dates:

### A copy of the research abstract submitted to the professional organization/conference and the acceptance notification MUST accompany this application.

Anticipated total reimbursable expenses $

**\*\***Funds available from project or grant $

**\*\***Funds available from personal IDCR\*\*\* $

**\*\***Funds available from departmental IDCR $

**\*\***Funds available from departmental budget $

Funds available from start-up funds $

***Funds requested from Dean’s Travel Grant*** $ **MUST COMPLETE THIS LINE**

### \*\*These funds must be utilized before the Dean’s support can be considered.

\*\*\* IDCR = Indirect Cost Recovery from grants

***By signing below, the applicant agrees to submit electronic and hard copies of the presentation summary of this research to the Dean’s Office in the College of Education.***

Applicant Signature Date

|  |  |
| --- | --- |
| Department Chair | Date |
| Task Force Approval | Date |
| Amount requested: $  | Amount approved: $  | Date:  | \_\_\_\_\_ |