**Faculty-Development Grant Application Form**

*Please attach*

* *documentation about the project that allows the committee to assess your application (e.g. invitation to speak or confirmation that your presentation has been accepted for inclusion in the program)*
* *documentation about your expenses*
* *and the filled in Travel Form (if appropriate)*

**Name: Rank:**

**Department:**

**Project Title:**

**The application is for support of expenses incurred in**:

*Please check as appropriate.*

a) Presentation of Research and Scholarship

* Presenting a paper, such as conference papers, public lectures, etc.: 100% of reasonable expenses
* Chairing a panel, participation in a panel, poster presentations, etc.: 100% of reasonable expenses
* Attending a conference: conference fee reimbursed at 100%; 100% of reasonable expenses

b) Research and Publication

* Translation (usually 40 %)
* Access to libraries, museums, databases, etc.
* Research-related travel and accommodation reimbursed at 60%.
* Payment of copyright fees, illustration fees, etc. towards publication
* Other

**Project Date:**

*Normally only applications before the event are considered; if this is a retrospective application, please explain the exceptional circumstances justifying its consideration.*

**Would the faculty development grant you apply for be the only funding you receive for this project?**

*If not, please indicate the other sources of funding.*

**Are you representing another institution along with AUP?**

*If yes, please name the institution.*

**Description of project & reasons why the project should be supported:**

*The committee will assess your application according to these criteria: the scholarly merit of the proposed activity; the value of the proposed activity for the scholarly and professional development of the faculty member; the value to the university of the proposed activity, in terms of its academic visibility and credibility.*

**Signature of applicant: Date:**

**Comments of Department Chair**

*If you, the applicant, are the Chair yourself, another senior faculty member of your department should write these comments.*

**Name of Department Chair (Please print)**

**Signature of Department Chair:** **Date:**

**Budget**

The Faculty-Development Committee is keen to support scholarly activities; however, it draws upon a finite sum of money. Your budget should be based on those reasonable expenses which are necessary to complete the scholarly activity. Claims considered unreasonable will be modified or rejected, or you may be asked to re-present your application. If any of the expenses detailed below might appear excessive, please give full justification for their necessity.

Please complete **one** of the following sections. All sums should be given in euros.

|  |  |
| --- | --- |
| **a)** **Expenses incurred in the Presentation of Research and Scholarship**Travel (detail routes, modes of transport, and costs of each part of your journey, and total travel costs)Accommodation (detail type of accommodation, number of nights, cost per night, total cost):Other expenses (registration fees, etc. Give details): | **b)** **Expenses in support of Research and Publication**Please give a detailed breakdown of projected expenses:NB. In the case of services provided by independent workers, all bills must include a S.I.R.E.N number (for independent companies), or an U.R.S.A.F.F. number (for ‘Travailleur Independent’). The university is not able to accept bills of this kind without these details. |

Please make any comments on budget items which may be helpful to the committee here:

**Total amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ euros**

**ORDRE DE MISSION**

Name of employee/*Nom du Salarié*

Department/*Service* \_\_\_\_\_\_\_\_

Reason for trip/*Motif du déplacement* \_\_\_\_\_\_\_

 \_\_\_\_\_\_

Destination Country/ies/*Pays de destination* \_\_\_\_\_\_

(please give hotel address(es) on the back of this form/*Veuillez préciser les addresses des hotels au verso de ce formulaire*)

Departure Date/*Date de Départ* \_\_\_\_

Return date/*Date de Retour* \_\_\_\_\_

Estimated cost to AUP/*Estimation du coût pour AUP* \_\_\_\_\_

Travel paid by/*Voyage financé par*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature/*Signature du Salarié* \_\_\_\_\_\_

Name and Signature of Person authorizing the trip

*Nom et Signature de la personne qui autorise le voyage*

 \_\_\_\_\_\_\_

**FOR HUMAN RESOURCES DEPARTMENT USE**

***RESERVEE AU SERVICE DES RESSOURCES HUMAINES***

Submitted to Human Resources (date)

*Reçu aux Ressources Humaines (date)*

Received by (Name and Signature)

*Reçu par (Nom et Signature)*

Social Security notification (date)

*Notification à la Sécurité Sociale (date)* \_\_\_\_\_

Supplementary insurance card number

*Numéro de la carte d’assurance supplémentaire* \_\_\_\_

Issued to employee (date)

*Délivrée au salarié (date)* \_\_

Returned by employee (date)

*Rendue par le salarié (date)* \_\_\_