

**FGC Faculty Development and Presentation Grants Application for Tenured and Tenure-Track Faculty**

*Supported by The Citadel Foundation*

1. ***Applicant:*** Click here to enter text.

***URL link to curriculum vitae:***

# Click here to enter text.

1. ***Department:*** Biology
2. ***Presentation or Development Grant Application? Presentation***
3. ***Title and/or Topic of Research Presentation, if applicable:***
4. ***Abstract*** *(200 words or less)****:***

Place below one of the following: the abstract of the presentation, a copy of the presentation proposal submitted to the professional society/meeting, or a description of the research. *Abstract, proposal or description*

1. ***Conference Information:***

Enter below the name of the conference, the first and last day of the meeting, the city and state of the meeting, and the inclusive dates for attendance.

**Name of Conference** *Conference Name*

First Day of Conference *Date*

Last Day

**Place of Conference** *Location*

Number of Days for Request

1. ***Justification of Travel to Present the Results of Research:***

Indicate the specific benefits to yourself and to The Citadel.

.

If this presentation involves [international travel](http://www3.citadel.edu/fins/foreigntravel.html) (excluding Canada and US Jurisdictions), please include specific justification.

*Justification for Foreign Travel*

|  |  |
| --- | --- |
| ***Item*** | ***Estimate*** |
| Airfare | *$0.00* |
| Vehicle including Taxi/Shuttle | *$0.00* |
| Parking Cost | *$0.00* |
| Lodging | *$0.00* |
| Meals | *$0.00* |
| Registration | *$0.00* |
| Other (specify) | *$0.00* |
| Total | *$0.00* |

1. ***Projected Costs:***
2. ***Confirmation of Acceptance:***

Has your presentation been accepted by the Conference?

[ ] Yes [ ] No

If not, please provide the date when confirmation of acceptance is expected.

*If no, explain*

1. ***List CF Presentation of Research Grants awarded in the fiscal year for which this application applies.***

[ ] None

|  |  |  |  |
| --- | --- | --- | --- |
| ***Amount Awarded*** | ***Amount Spent*** | ***Date of Activity*** | ***Site of Activity*** |
| *$0.00* | *$0.00* | *Date* | *Location* |
| *$0.00* | *$0.00* | *Date* | *Location* |
| *$0.00* | *$0.00* | *Date* | *Location* |

1. ***Additional Information***

Provide any additional appropriate information below:

1. ***Signature of Applicant***

[ ] By checking this box, you electronically "sign" this document, acknowledging that all of the information provided is correct and accurate to the best of your knowledge.

 Assistant

***Name******Title***

 *2/7/2023*

***Date***

1. ***For Completion by Department Head (or Dean if Department Head is applying)***

 Please sign here to indicate that you have reviewed this proposal (required):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one of the following. Comments may be submitted on a separate sheet.

( ) I endorse this proposal (comments optional). ( ) I do not endorse this proposal (explanation required)

***PLEASE NOTE: All approvals require a brief, less than one page report in Microsoft Word, to be emailed to the*** ***Office of the Dean of SSM*** ***no later than 30 days after the event.***

1. ***Report Template***

**Title:** *Title*

**What:** *What*

**Goals:** *Goals*

**Outcomes:** *Outcomes*

**Total cost for this event was:** *$0.00*