**GRANT INSTRUCTIONS**

1) Complete Signature Page (*page 2*)

2) Complete Huskies Connect Application: [***stcloudstate.edu/rsp/grants/internal/saigo-excellence.aspx***](https://www.stcloudstate.edu/rsp/grants/internal/saigo-excellence.aspx)

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| ***Huskies Connect Application will collect the following information:*** |
| 1. Principal Investigator Information (Tech ID, Email, Phone, School/College, Department)
 |
| 1. Co-Principal Investigator Information (Tech ID, Email, Phone, School/College, Department) – *if applicable*
 |
| 1. Grant Type:
 |
|  | ***Presenter Travel Grant**** Title
* Name of meeting/conference
* Honorarium information
* Location
* Travel dates
* Brief explanation of presentation
* Benefit to your career, department, college/school, and SCSU
* Budget (registration fee, airfare, mileage, lodging)
* Attachments:
	+ Signature page
 | ***Project Mini-Grant**** Title
* Timeline of expenses incurred
* Project description
* Proposed methodology, procedures, and activities
* Anticipated outcome or product
* Benefit to your career, department, college/school, and SCSU
* Total amount requested
* Budget justification
* Attachments:
	+ Signature page
 | ***Publication Grant**** Title
* Name of publication (journal name, book, etc.)
* Acceptance rate of publication
* Timeline of expenses incurred
* Brief explanation of manuscript/publication
* Benefit to your career, department, college/school, and SCSU
* Budget (submission fee, page cost, reprint cost)
* Attachments:
	+ Signature page
	+ Copy of accepted manuscript/publication
	+ Written confirmation of acceptance
 |
| 1. Eligibility Statement:

I understand that all eligible expenses for reimbursement **MUST** be from fiscal year 2021 *(July 1, 2020 – June 30, 2021)*, otherwise they are not eligible for reimbursement.  |

**SIGNATURE PAGE**

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| **Principal Investigator Name:** | Click or tap here to enter text. |
| **Co-Principal Investigator Name:** | Click or tap here to enter text. |
| **Project Title:** | Click or tap here to enter text. |
| **Fund Type (Select One)** | [ ]  Presenter Travel Grant [ ]  Mini-Project Grant [ ]  Publication Grant |
| **Total Requested:** | Click or tap here to enter text. |
| **Description of expenses requested for reimbursement:** |
| Click or tap here to enter text. |

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| *I acknowledge that this scholarly activity supports my ongoing professional development. I understand that all eligible expenses for reimbursement* ***MUST*** *be from Fiscal Year 2021 (July 1, 2020 – June 30, 2021), otherwise they are not eligible for reimbursement.* |
|  |  |
| **Signature of Principal Investigator** | **Date** |

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| *I acknowledge the applicant has discussed their professional development and this scholarly activity with the Department/Unit.* |
|  |  |
| **Signature of Chair/Unit Director** | **Date** |
| Comments: Click or tap here to enter text. |

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| *I acknowledge this project aligns with the applicant’s professional development and support this scholarly activity.* |
|  |  |
| **Signature of Dean/Supervisor** | **Date** |
| Comments: Click or tap here to enter text. |