**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.* | |
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| **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.* | |
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| **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.* | |
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| **Signature of Dean/Supervisor** | **Date** |
| Comments: Click or tap here to enter text. | |