**Faculty Travel**

**Application Cover Sheet 2015-2016 Program Year**

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| Primary Investigator (PI) | | | | | | | | | | | |
| First Name |  | | | Last Name | |  | | | | MI |  |
| Rank/Title |  | | | | Tenure Status | | |  | | | |
| Consortium Member Institution |  | | | | | | | | | | |
| Department |  | | | | | | | | | | |
| Mailing Address |  | | | | | | | | | | |
| Phone |  | | | | | | | | | | |
| Official School Email |  | | | | | | | | | | |
| Trip Destination |  | | | | | | | | | | |
| Number of Students Involved in Travel | | |  | | | | | | | | |
| Proposed Performance Period (mm/dd/yyyy – mm/dd/yyyy) | | | | | | |  | | | | |
| Collaboration (Specify Name & Contact Info) | |  | | | | | | | | | |
| Budget Requested | |  | | Match (1:1) Commitment Amount | | | | |  | | |
| Previous Space Grant Awards(s)  (Please list all: include title and date) | |  | | | | | | | | | |

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| Institutional Certification |
| Signatures below certify that the PI’s institution approves of the matching funds commitment indicated above and acknowledges an understanding that if this proposal is awarded, the PI’s institution will need to enter into a sub-contract between itself and the University of Hartford before any NASA CT Space Grant Consortium funds can be disbursed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean’s Signature (PI’s) Date    Please Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institutional Signature (Affiliate Grant Office) Date    Please Print Name |

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| Eligibility Certification |
| I certify that all of the information contained in this application is complete and correct and that I am a US Citizen and I meet all of the eligibility requirements for this program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Print Name |