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**Faculty Travel**

**Application Cover Sheet 2013-2014 Program Year**

Name: *Last First MI*

Rank/Title: Tenure Status:

Department: Consortium Member Institution:

Mailing Address:

Phone: Fax: Email:

Trip Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Students Involved in Travel: \_\_\_\_\_\_\_\_\_

Proposed Travel Period: Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_

Research Collaboration / NASA Center Collaboration:

Institution & Department / NASA Center:

Collaborator/University Affairs Officer:

Budget Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Match *(1:1)* Commitment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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. |

PI’s Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

PI’s Institutional Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

PI’s Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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. |

PI’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_