|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SPONSOR INFORMATION:****Name:** **Department**  **Signature:** | | | Undergraduate Research Grant Proposal Funding Period: Check one box  Fall 2019 and Spring 2020 (due 9/12/19)  Fall 2019 (due 9/12/19)  Spring 2020 (due 1/23/20)  Summer 2020 (due 3/19/20)  Fall 2020 –Supplies Only (due 5/6/20) | | | **Department Chair Signature:** | | |
| **Project Title:** | | |
| **UMW Institutional Research Board:**  Not Required:  Required: Date of Application: | | |
| Student(s) Information (Add list if needed for a larger group) | | | | | | | | |
| **Name:**        **GPA**  **Email:** | | **Name:**        **GPA**  **Email:** | | | **Name:**        **GPA**  **Email:** | | **Name:**        **GPA**  **Email:** | |
| **Description of Proposed Activity:** | | | | | | | | |
| **List the frequency and nature of the interaction between the student and the sponsoring faculty member during the project:** | | | | | | | | |
|  | | | | | | | | |
| **Travel Information:**  **Travel to Attend Conference**  **Conference Information:** Attachsupporting documentation of participation (e.g., letter of invitation or acceptance)  Conference Title:  Location:  Dates: | | | | | | | | |
| Travel for Research  Location:  Dates: | | | | | | | | |
| Budget: | | | | | | | | |
| Travel Expenses: For travel, use Commonwealth of VA guidelines for lodging and *per diem.* Contact AP for abroad lodging and per diem rates. All travel is to be entered in Chrome River.  NOTE: For International travel, you are required to enroll in medical insurance offered through UMW’s Center for International Education (CIE). Contact CIE (ext. 1434) for more information. | | | | | | | | |
| **Travel Budget Expenses:** | # of students | | | # of days | Cost per student/per day | | | Total |
| **Conference Fees:** |  | | |  |  | | |  |
| **Hotel (# of nights):** |  | | |  |  | | |  |
| **Per diem:** |  | | |  |  | | |  |
| **Per diem (travel days):** |  | | |  |  | | |  |
| **Travel Expenses:** |  | | |  |  | | |  |
| Transport to/from airport |  | | |  |  | | |  |
| Mileage: |  | | |  |  | | |  |
| Parking fees: |  | | |  |  | | |  |
| Other expenses: |  | | |  |  | | |  |
| Grand Total |  | | | | | | |  |
|  | | | | | | | | |
| Supply Expenses:  List the supplies needed, cost, and total for fund request.  NOTE: Supplies should be purchased with department credit card. Must follow Commonwealth of VA rules and regulations.   |  |  |  |  | | --- | --- | --- | --- | | Description: | # of item | Cost per item | Total Cost | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **TOTAL REQUEST:** | | | $ | | | | | | | | | |
| **Contact University Relations for photo opportunities of work in progress.**  **Report all awards received at conferences, etc.,** to **t**he Office of University Relations and Communications:  Phone: (540) 654-1055. | | | | | | | | |
| **Faculty Sponsor Rationale Statement:** | | | | | | | | |