

Faculty of Arts Endowment Fund Application Form



University
of Manitoba

Faculty of Arts

Applications should be forwarded to:
Chair, Faculty of Arts Endowment Fund
c/o Anthea Roulston, Confidential Assistant to the
Associate Deans
email to anthea.roulston@umanitoba.ca

1. Applicants should read the General Guidelines for the Faculty of Arts Endowment Fund Program before completing this form. <https://umanitoba.ca/arts/student-experience/scholarships-awards/endowment-fund>
2. The appropriate certificate/proof of approval on research involving the use of animals, human subjects or biohazards must be attached to the application or forwarded before funding will be released.
3. Please complete all sections of the form (Part A-E)

PART A – GENERAL INFORMATION:

First name:

Last name:

I am applying on behalf of a group, department or program:

Yes

No

Name of Group (if yes above)

Address:

City and Postal Code:

Department:

Applicant Category: Undergraduate

Email:

Telephone:

AMOUNT REQUESTED: \$

Certificate of approval attached (if required)

Funds received last year? YES NO

Please check that you've filled out the following sections:

- Part B Proposed use of funds
- Part C Budget Summary
- Part D Other Sources of Funding
- Part E (for students only) Departmental support

Signature

I/we will be honest when submitting approved expenses for reimbursement, and will only claim expenses that are not being reimbursed from any other source. I/we understand that claims may be audited.

APPLICANT SIGNATURE:

PART B – PROPOSED USE OF FUNDS:

Provide a concise, non-technical statement of how you propose to use any awarded funds. Provide a rationale for the use of the funds and describe any benefits that may be realized for your program of study, your research dissemination, your department, or the Faculty of Arts. Please add up to **one** additional page of information if required. Attach supporting documents if appropriate.

PART C – BUDGET SUMMARY:

Section 1 Budget Summary	
<i>Summarize your budget. All items must be detailed in Section 2 below:</i>	
Budget:	Total:
Airfare /Travel (attach printed quotes from airline web pages/Concur/travel agent)	
Conference Registration Fee	
Accommodations	
Per diem (current University rates apply)	
Equipment	
Technical Assistance	
Conference organization expenses	
Materials and Supplies	
Personnel (total salaries/benefit costs)	
Student Research Assistance; Secretarial/Professional Assistance	
Other (please specify)	
Total Requested	

Section 2 Budget Justification and Explanation	
<i>Provide a brief, clear justification for each budget item. Applicants are referred to the section “Preparing and Justifying the Budget” in the General Guidelines for applicants for assistance.</i>	
Personnel (tasks performed/period of employment/rate of pay)	
Materials and Supplies (other than standard office supplies)	
Equipment (if not available for use within University – provide quotations if over \$500.00)	
Travel: Domestic <input type="checkbox"/> International <input type="checkbox"/> Destination: (purpose, mode, and length of trip; detail expenses for food and lodging, if applicable)	
Other	

PART D – OTHER SOURCES OF FUNDING

Funding received from other sources:

			Rec'd	Applied for
Source: <u>PDA/Travel (faculty members only)</u>	Amount: _____		<input type="checkbox"/>	<input type="checkbox"/>
Source: <u>CIHR/NSERC/SSHRC/URGP/UMGF</u>	Amount: _____		<input type="checkbox"/>	<input type="checkbox"/>
Source: <u>Startup Grant</u>	Amount: _____		<input type="checkbox"/>	<input type="checkbox"/>
Source: _____	Amount: _____		<input type="checkbox"/>	<input type="checkbox"/>
Source: _____	Amount: _____		<input type="checkbox"/>	<input type="checkbox"/>
Source: _____	Amount: _____		<input type="checkbox"/>	<input type="checkbox"/>
Source: _____	Amount: _____		<input type="checkbox"/>	<input type="checkbox"/>

Applicants should briefly explain how these funds are required **in excess** of PDA/travel/startup/tri-council/Departmental/Dean's Office/Tri-Council/UMGF or URGF funds.

PART E – Departmental Support

(Required for student applications and student GROUP applications only)

I certify that the above named student applicant is currently enrolled in the Department of/Program in _____ and will be at the time any award will be paid.

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____
