



Faculty Member's Information:

Name: _____ Campus Address: _____

Preferred Prefix: Dr. ___ Mrs. ___ Ms. ___ Mr. ___ Email: _____

School of: _____ College: _____

Office Professional: _____ Email (OP): _____

Presentation Summary: Please complete the information below. If you are requesting funds for more than one speaker, please complete the information for each speaker. Add attachments as needed.

Speaker's Name: _____

Title of Speaker's Presentation: _____

Speaker's Credentials (attach resume, or give URL): _____

Date(s) of Presentation: _____

Presentation Description: Please provide a brief description.

Justification: Please provide justification of the need for the presentation and explain how it supports UCM's mission.

Estimated Budget:

Please complete the budget information for each speaker, and **attach documentation** of reservations, registrations, travel, etc.

	DESCRIPTION	ESTIMATED EXPENSE
Honorarium		
Transportation		
Lodging		
Meals		
Other		
	TOTAL	

Additional Sources of Funding? Yes ___ No ___

School: \$ _____

Other: \$ _____

College: \$ _____

Upon acceptance of this grant request, please send copies of all paperwork (Payment Request, Chrome River Expense Report, etc.) used to support this request to Susan Delap at sdelap@ucmo.edu or Humphries 410C. Once paperwork has been received, a budget amendment will be processed to transfer funds from DLII to the budget number provided on the paperwork.

Faculty Member's Signature

Date

School Chair's Signature

Date

Dean's Signature

Date

Please submit this completed application to:

Carol Knight, Interim Director cknight@ucmo.edu JCKL1440 660-543-4385

DLII USE ONLY: DLII Funding: ___ No Award ___ Funds Awarded - Amount \$ _____

Director, Digital Learning & Instructional Innovation

Date