

Pursuit of Extramural Support Travel Grant

Purpose

The Pursuit of Extramural Support Travel (PEST) grant is to assist researchers by providing partial support for travel to meet with funding agencies or other sources of extramural support in order to (i) learn about sponsored programs opportunities, (ii) seek guidance on applying for external support, and/or (iii) describe researcher's ongoing and proposed work pursuant to (i) and (ii).

Restrictions

PEST grants will cover up to 50% of the actual travel costs which are matched by the Departments (25%) and College (25%).

The agencies and program officers to be visited must be listed in the PEST application.

Funds from the PEST grant may not be used for travel to workshops, conferences, or other sites such as those of collaborators or partners. UNT Colleges frequently provide "supplement travel support" for these purposes. If visits to funding agencies are to be accompanying other travel, the PEST application will only be considered for the incremental cost of the visit to the funding agency (for example, for an additional night's hotel stay but not the air travel). Travel advances are NOT allowed on state funds.

Travel reimbursement will be based on actual receipts and will be reimbursed only up to the amount of the published per diem rate. Itemized receipts MUST be submitted for all reimbursements. In addition, certain items may not be paid for using state funds, for example, alcohol, tips and gratuities, and gifts cards.

Eligibility

To be eligible for a PEST grant, the faculty member must hold the academic rank of Assistant Professor or higher and be employed on a full-time basis in a tenured or tenure track position.

Selection Criteria

Priority will be given to requests that have matching support funds from departmental or College sources. If the faculty member self-funds the matching cost of the trip, a brief letter of support from the Department and College is recommended. Preference will be given to new faculty developing their research programs or faculty who are reinitiating or redirecting their research.

Deadline

Applications for PEST grants may be made at any time during the year. Generally, applicants will be notified within ten business days of receipt of the application.

Submission

Fill in each section of the application and obtain departmental signatures attesting to their cost match and funding source then submit to the Office of the Associate Dean for Research and Graduate Studies, Room A160.

Associate Dean of Research and Graduate Studies, PEST Funding

PURSUIT OF EXTRAMURAL SUPPORT TRAVEL GRANT

Section I

Applicant Name: _____ **Emplid #:** _____
Phone Number: _____ **Email:** _____
Division/Dept.: _____
School/College: _____
Academic Rank: _____ **Tenure Status:** _____
Years at UNT: _____ **Latest Degree & Year Completed:** _____

Enter a description of the funding agencies and program offices to be visited and the sponsored program opportunities to be explored.

Describe the benefit to the faculty, department and college:

List the specific names/titles of people, places/locations that you expect to visit and exact dates/times that these secured events will occur in pursuit of extramural support.

Other travel, if applicable, associated with the visits, indicate so and request support only for the incremental portion of travel expenses associated with the visit in the budget below.

Associate Dean of Research and Graduate Studies, PEST Funding
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Project Budget

	TOTAL FUNDS REQUIRED AMOUNT \$ _____	DEPT. MATCH Requested? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____	DEAN'S Match Requested? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____	Pest Funding REQUESTED? AMOUNT \$ _____
TRAVEL *				
Airfare	\$ _____	\$ _____	\$ _____	\$ _____
Lodging	\$ _____	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

*PEST travel funds may not be used for travel to workshop, conferences, or other meetings, or for certain items such as tips, gratuities, and alcohol.

Section II – Signatures

APPLICANT Signature: _____
(Signature verifies information accuracy)

APPLICANT Printed _____ Date: _____
(MM/DD/YY)

Matching Funds Approvals

CHAIR Signature: _____
(Signature confirms amount of match)

CHAIR Printed Name: _____ Date: _____
(MM/DD/YY)

Amount of Match \$ _____

DEAN or DIRECTOR _____
(Signature confirms amount of match)

DEAN OR DIRECTOR Printed _____ Date: _____
(MM/DD/YY)

Amount of Match \$ _____

Pest Funds Approval

Funds Granted: \$ _____

Acct: PEST Funding

Associate Dean for Research and Graduate _____

Date: _____
(MM/DD/YY)