

| College of Medicine <i>OVD</i> R Conference Funding Application Form | | | | |
|--|-------------------------------------|-----------------------------------|--|--|
| SURNAME: | FIRST NAME: | E-MAIL ADDRESS: | | |
| DEPARTMENT: | GROUP/CLUSTER: | TELEPHONE: | | |
| EVENT SUMMARY | | | | |
| Category of Research Topic: <small>*Select only one</small> | <input type="checkbox"/> Biomedical | <input type="checkbox"/> Clinical | <input type="checkbox"/> Health Systems & Services | <input type="checkbox"/> Social, Cultural, Environmental & Population Health |
| EVENT TITLE: | | | | |
| START DATE (DD/MM/YR): | | END DATE (DD/MM/YR): | | |
| TYPE OF EVENT | | | | |
| PRIMARY FOCUS: <input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Administrative <input type="checkbox"/> Community Outreach & Engagement | | | | |
| PRIMARY AUDIENCE: <input type="checkbox"/> Faculty <input type="checkbox"/> Grad Students <input type="checkbox"/> MD Students/residents <input type="checkbox"/> Public | | | | |
| <input type="checkbox"/> Other (<i>specify</i>): <input style="width: 200px;" type="text"/> | | | | |
| Please estimate the expected number of participants: <input style="width: 400px;" type="text"/> | | | | |
| Is this a regularly held event? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> | | | | |
| If yes, please indicate the sponsoring organization: <input style="width: 400px;" type="text"/> | | | | |
| Has this event received funding from the OVD <i>R</i> in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If Yes , please indicate the date of last allocation: <input style="width: 400px;" type="text"/> | | | | |
| BRIEF DESCRIPTION OF EVENT | | | | |
| Please indicate the nature, purpose, importance, and relevance to the College of Medicine. Attach conference brochure or flier if available. | | | | |
| | | | | |

EVENT BUDGET

| | |
|---|----|
| (a) Total Amount requested from <i>OVDRC Conference Fund</i> (maximum \$1,000): | \$ |
|---|----|

Describe how these funds will be used.

| | | | |
|--|--|--|----|
| (b) Confirmed Sources of Financial Support | | | |
| <u>Source:</u> | <u>Amount Requested</u> | <u>Amount Confirmed</u> | |
| <div style="border: 1px solid black;"></div> | <div style="border: 1px solid black;"></div> | <div style="border: 1px solid black;"></div> | |
| | | | \$ |

| | | | |
|--|--|--|----|
| (c) Requested (unconfirmed) Sources of Financial Support | | | |
| <u>Source</u> | <u>Amount Requested</u> | | |
| <div style="border: 1px solid black;"></div> | <div style="border: 1px solid black;"></div> | | |
| | | | \$ |

| | |
|---|----|
| TOTAL ANTICIPATED REVENUE: (a + b + c) | \$ |
|---|----|

PROJECTED EXPENSES (Append details for all.)

| | |
|---|-----------|
| Speaker(s) related costs (honorarium) | \$ |
| Promotion and dissemination | \$ |
| Administration | \$ |
| Other (please specify): <div style="border: 1px solid black; display: inline-block; width: 500px; height: 15px;"></div> | \$ |
| TOTAL ANTICIPATED EXPENSES | \$ |

| | |
|--------------------------------------|-----------|
| ANTICIPATED SURPLUS (if any): | \$ |
|--------------------------------------|-----------|

Indicate how surplus event generated funds will be used:

CONFIRMED IN-KIND SUPPORT

| <u>Source</u> | <u>Estimated Value</u> | <u>Description</u> |
|--|--|--|
| <div style="border: 1px solid black;"></div> | <div style="border: 1px solid black;"></div> | <div style="border: 1px solid black;"></div> |

SIGNATURE OF APPLICANT: *Note: If application is sent electronically as an attachment, no signature of applicant is required)*