THE HERBERT H. & GRACE A. DOW COLLEGE OF HEALTH PROFESSIONS
CENTRAL MICHIGAN UNIVERSITY

Faculty Travel Grant
Application Guidelines

These grants are competitive and meant to help cover the costs of travel and presenting scholarly work at recognized domestic or international conferences. The presentation can be in an online, platform, or poster format, but must take place within the current fiscal year. Attending a meeting, chairing or moderating, or accepting an invitation to present with a stipend or per diem does not qualify for this grant.

Preference is given to those who have already used their current professional development funds, lack support from their department, and have not received funding from other internal or external sources, such for example as FRCE.

The applicant must clearly and concisely explain why they need funding for a conference trip. To be considered, the following sections must be completed. Each application will be evaluated based only on the materials provided in the proposal.

1) **Faculty Travel Grant Cover Page**

2) **Conference Description:** Provide information about the location, scope, significance, and size of the conference in the Application. Also, explain how participating in this conference will contribute to your professional development. Additionally, describe any other conference activities you may be involved in, such as committees or grant/funding appointments. Lastly, indicate whether you are serving as a mentor for any students presenting at the conference and specify the number of students, if applicable

3) **Abstract:** Provide the abstract originally submitted for presentation at the conference.

4) **Budget:** Provide a detailed list of expenses related to conference travel and provide justification. You can either use a table or describe it in paragraph format.

5) **Supporting Documents** Include in your application a document confirming that your project has been accepted for presentation. No funding will be provided for presentations that are not accepted.

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1) Faculty Travel Grant Cover Page

Presentation Title

Conference Name

Presentation Type ☐ State ☐ Regional ☐ National ☐ International
☐ Poster ☐ Platform ☐ Invited Talk

Faculty Presenter **Email**

Department/Program **Phone**

Budget Requested **$** **Total Trip Expense** **$**

Other CMU Funding* **$**

**Please indicate additional funding, applied for or received to support this trip. If you have start-up funds or other monies remaining in research accounts, and these monies are not being used, please explain why in the below space.*

Additional Information and Special Consideration (Yes, No)

	Yes	No
• Are all scholarly activities within your Online Faculty Information System (OFIS)current from the last 2 years? If "No", funds will not be awarded	☐	☐
• Will you accept partial funding if full funding is not available?	☐	☐
• Have you previously received funding for this project through the CHP or FRCE?	☐	☐
• Do you plan to present research results at the CHP Annual Symposium?	☐	☐

Note: If University employment is terminated within the approved grant timeline, any unspent funds will revert back to the CHP. Should funds be spent after leaving the University, I agree to reimburse the College the amount spent after the date of termination of employment.

Faculty Investigator Signature **Date**

Consent to Use an AI-Powered Third Reviewer

The Herbert H. and Grace A. Dow College of Health Professions requests your permission to use Copilot as a third reviewer of your Faculty Research Grant application, alongside two reviewers from the CHP Research Committee.

With your consent, your application will be processed by the AI system to provide an additional assessment of the proposal's research significance, methodology, feasibility, potential impact, and budget justification. The AI-generated assessment will be advisory and subject to the CHP Committee review. AI systems may produce inaccurate or biased assessments; the Research Committee will retain responsibility for all funding recommendations and decisions.

Application materials will be handled in accordance with applicable CMU confidentiality, data-security, and intellectual-property policies.

Consent is voluntary. Declining AI review will not affect your eligibility for funding or result in a penalty; your application will be reviewed by the CHP Research Committee members only. For questions about AI review or the handling of your application materials, contact the Chair of the CHP Research Committee.

Please select one:

I consent to the use of the AI-powered third reviewer as described above. ☐

I do not consent to the use of an AI-powered reviewer for my application. ☐

Principal Investigator Signature _____ **Date:** _____