

Office of the Vice Dean of Research

https://medicine.usask.ca/research/

4A20 – Dean's Suite, Health Sciences Building 107 Wiggins Road

Saskatoon SK, S7N 5E5 Telephone: 306-966-8119

Fax: 306-966-4298

College of Medicine OVDR Conference Funding Application Form					
SURNAME:	FIRST NAME:		E-MAIL ADDRESS:		
DEPARTMENT:	GROUP/CLUSTER:		TELEPHONE:		
EVENT SUMMARY					
EVENT TITLE:					
START DATE (DD/MM/YR):		END DATE (DD/MI	M/YR):		
TYPE OF EVENT					
PRIMARY FOCUS: Research Teaching Administrative					
PRIMARY AUDIENCE: Faculty University Students Administrative Other (specify):					
SCOPE (Audience is primarily:) International National Provincial University-wide					
EVENT PURPOSE: Academic Engagement Administrative Engagement Community Outreach & Engagement Promotional					
Please estimate the expected number of participants:					
Is this a regularly held event? Yes No Annually Diannually Other					
If yes, please indicate the sponsoring organization:					
Has this event received funding from the OVDR in the past?					
If Yes, please indicate the date of last allocation:					
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 OVDR Conference	\$				
Describe how these funds will be used.					
(b) Confirmed Sources of Financial Support					
Source:	Amount Requested	Amount Confirmed			
			\$		
(c) Requested (unconfirmed) Sources of Financial S	y				
<u>Source</u>					
			\$		
TOTAL ANTICIPTATED REVENUE: (a + b + c)	\$				
PROJECTED EXPENSES (Append details for all.)					
Speaker(s) related costs (honorarium)	\$				
Promotion and dissemination			\$		
Administration	\$				
Other (please specify):	\$				
TOTAL ANTICIPATED EXPENSES	\$				
ANTICIPATED SURPLUS (if any):	\$				
Indicate how surplus event generated funds will be used:					
CONFIRMED IN-KIND SUPPORT					
Source	Estimated Value	<u>Description</u>			
SIGNATURE OF APPLICANT: Note: If application is sent electronically as an attachment, no signature of applicant is required)					