

College of Medicine *OVDR Conference Funding Application Form*

SURNAME:	FIRST NAME:	E-MAIL ADDRESS:
DEPARTMENT:	GROUP/CLUSTER:	TELEPHONE:

EVENT SUMMARY

Category of Research Topic: *Select only one	<input type="checkbox"/> Biomedical	<input type="checkbox"/> Clinical	<input type="checkbox"/> Health Systems & Services	<input type="checkbox"/> Social, Cultural, Environmental & Population Health
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EVENT TITLE:

START DATE (DD/MM/YR): END DATE (DD/MM/YR):

TYPE OF EVENT

PRIMARY FOCUS: ☐ Research ☐ Teaching ☐ Administrative ☐ Community Outreach & Engagement

PRIMARY AUDIENCE: ☐ Faculty ☐ Grad Students ☐ MD Students/residents ☐ Public

☐ Other (*specify*):

Please estimate the expected number of participants:

Is this a regularly held event? ☐ Yes ☐ No ☐ Annually ☐ Biannually ☐ Other

If yes, please indicate the sponsoring organization:

Has this event received funding from the OVDR in the past? ☐ Yes ☐ No

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 Fund* (maximum \$1,000):

\$

Describe how these funds will be used.

(b) Confirmed Sources of Financial Support

Source:Amount RequestedAmount Confirmed

\$

(c) Requested (unconfirmed) Sources of Financial Support

SourceAmount Requested

\$

TOTAL ANTICIPATED 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 SUPPORTSourceEstimated ValueDescription

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