



**UNIVERSITY OF  
SASKATCHEWAN**

College of Medicine

Office of the Vice Dean of Research  
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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/MM/YR):
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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  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 *OVDRC Conference Fund* (maximum \$1,000):

\$

Describe how these funds will be used.

(b) Confirmed Sources of Financial Support

**Source:**

**Amount Requested**

**Amount Confirmed**

\$

(c) Requested (unconfirmed) Sources of Financial Support

**Source**

**Amount 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 SUPPORT**

Source

Estimated Value

Description

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