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| **SPP-ARC Travel & Training (TNT) Grant Application** |
| Applicant family name | Applicant first name |
| Academic Designation |
| Associated Principal Investigator(s) |
| Department/Division(s) |
| Title of training proposal |
| Indicate the start and end date of your stay abroad (yyyy/mm/dd)From To | Number of months of support requested |
| **Location of Research Studies Abroad**Indicate the Organization and Department/Division where you plan to undertake your training. |
| Full organization name |
| Department/Division | Country |
| **Signature**The undersigned accepts the terms and conditions as outlined in the corresponding program description; the instructions provided with this form; and any conditions applied to an award pursuant to this application |
| Applicant name (print) | Signature  | Date |

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| **Budget Proposal**Enter amounts rounded up to the nearest dollar. Please itemize your costs and be detailed in your description of each item under a heading.*Ex: Travel costs: plane from X to Y, public transportation monthly pass etc.*When proposing accommodation costs, please provide a comparison between hotel and third-party accommodation companies (VRBO, AirBNB etc.), and on-campus housing when applicable.  |
| **Proposed Expenditures** | **Amount****$** |
| Travel costs |
|  |  |
|  |  |
|  |  |
| Accommodation |
|  |  |
|  |  |
| Living expenses |
|  |  |
|  |  |
| Other travel related expenses (specify) |
|  |  |
|  |  |
|  |  |
| **Total** |  |
| **Amount requested (maximum $20,000)** |  |

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|  **Supervisors**Provide information on your current research supervisor and the supervisor at the host institution who will each complete a Letter of Support. |
| **Current research supervisor** Family name | First name |
| Department/Division |
| E-mail | Phone number |
| **Host supervisor** Family name | First name |
| Full organization name |
| Department/Division |
| E-mail | Phone number |

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| **Addresses**Provide a complete and accurate address for (a) the location of research studies abroad, (b) the host supervisor and (c) the applicant. |
| **Location of Training** |
| Full organization name (from page 1) |
| Department/Division |
| Address |
| Country |
| **Host Supervisor** |
| Full organization name (from page 2) |
| Department/Division |
| Address |
| Country |
| **Applicant** |
| Address | Primary phone numberSecondary phone number |
|  |
| E-mail |