**University of Saskatchewan Conference Fund Application Form**

Please fill out this form and submit it electronically to the Office of the Vice-Provost Faculty Relations at [vpfaculty.relations@usask.ca](mailto:vpfaculty.relations@usask.ca).

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| SURNAME: | FIRST NAME: | | | |
| DEPARTMENT: | COLLEGE: | | | |
| OFFICE ADDRESS: | TELEPHONE: | | | E-MAIL ADDRESS: |
| **CONFERENCE SUMMARY** | | | | |
| CONFERENCE TITLE | | | | |
| START DATE (DD/MM/YR): | | END DATE (DD/MM/YR): | | |
| LOCATION (must be in Saskatchewan): | | | | |
| **TYPE OF CONFERENCE** | | | | |
| PRIMARY FOCUS:  Research  Teaching  Administrative | | | | |
| PRIMARY AUDIENCE:  Faculty  University Students  Administrative  Other *(describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 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 conference participants: | | | | |
| Is this a regularly held conference?  Yes  No | | | Annually  Biennially  Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If yes, please indicate the sponsoring organization: | | | | |
| Has this event received funding from the University Conference Fund in the past?  Yes  No  If **Yes,** please indicate the date of last allocation: | | | | |
| **BRIEF DESCRIPTION OF CONFERENCE** (Please indicate the nature, purpose, importance, and relevance to the University of Saskatchewan.) Attach conference brochure or circular if available. | | | | |
| |  | | --- | | **HARASSMENT POLICY/CODE OF CONDUCT** | | Please attach a Harassment Policy and/or Code of Conduct for the conference you requesting funding for. Contact [vpfaculty.relations@usask.ca](mailto:vpfaculty.relations@usask.ca) for examples of a conference Harassment Policy and/or Code of Conduct. | | | | | |

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| **ANTICIPATED REVENUE:** | | |
| **Amount requested from the *University Conference Fund: (a)***  **GRADUATE STUDENT** | $ | |
| Describe how funds will be used. |  | |
| Anticipated Registration Fees ***(b)*** | $ | |
| Confirmed Sources of Financial Support  **Source:** **Amount Requested Amount Confirmed**  College $ $  **Total *(c)*** | |  |
| Requested (unconfirmed) Sources of Financial Support  Source Amount Requested    **Total *(d)*** | |  |
| **TOTAL ANTICIPTATED REVENUE: (a + b + c + d) TOTAL *(e)*** | | **$** |
| **PROJECTED EXPENSES** (Append details for all.) | | | |
| Speaker(s) related costs (Honorarium, travel, per diem, accommodation)  FIELD WORK | |  | |
| Promotion and dissemination | |  | |
| Administration | |  | |
| Equipment Rental | |  | |
| Space Rental | |  | |
| Local Transportation | |  | |
| Refreshments / Catering | |  | |
| Other (please specify) | |  | |
| Other (please specify) | |  | |
| **TOTAL ANTICIPATED EXPENSES *(f)*** | |  | |
| **ANTICIPATED SURPLUS OR DEFICIT*: ( e - f = Surplus or Deficit )*** | | **$** | |
| **Indicate how surplus conference generated funds will be used:** | |  | |
| **CONFIRMED IN-KIND SUPPORT** | | | |
| Type of Support Estimated Value Source | | | |
| **SIGNATURE OF APPLICANT:**  *If application is sent electronically as an attachment, no signature of applicant is required)* | | | |