

**Student/Faculty/Staff
Research/Development/Travel Grant Form**

**MIDAMERICAN CENTER FOR CONTEMPORARY MUSIC
COLLEGE OF MUSICAL ARTS • BOWLING GREEN STATE UNIVERSITY**

1. Name _____

2. Department _____

3. Project Title _____

4. Amount requested from MACCM \$ _____

Amount contributed by others \$ _____

TOTAL PROJECT EXPENSES \$ _____

5. Checklist of required materials

_____ Four copies of completed application

_____ Supportive materials (resumes, tapes, letters of invitation, brochures, etc.)

6. Applicant's signature _____

Date _____

7. MACCM Director review (student applications only) _____

student applications must also include letter of support from faculty member

PLEASE SUBMIT FOUR COMPLETE COPIES OF THE APPLICATION AND ALL ATTACHMENTS TO THE
MIDAMERICAN CENTER FOR CONTEMPORARY MUSIC OFFICE, ROOM 3004.

**You may complete page 2 on a word processor.
However, please use pages 1 and 4 of this form for your final grant copy.*

<i>REQUIRED MATERIALS</i> (attach additional pages if necessary)
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1. Describe the project for which funding is requested. If you are applying for travel money, state the significance of the event you would like to attend.

2. How does this project directly relate to the MidAmerican Center for Contemporary Music?

3. Describe the objectives of the project and its benefits to yourself, students, colleagues and the University.

4. Outline the procedures for completing this project, including persons involved, materials needed, etc. Include also a timetable with specific dates.

5. Attach any supportive materials related to your request (letters of invitation, programs, etc.). If you are applying for travel money, document your role at the event you would like to attend.

6. BUDGET

PROJECT EXPENSES (Do not show in-kind contributions)

a. Outside professional services

Administrative _____
Artistic _____
Technical _____
Other _____

b. Rental

Equipment _____
Space _____
Other _____

c. Travel

Transportation: Airfare _____
 Car (\$.55/mile) _____
 Other _____
Lodging _____
Meals (\$39 in-state per diem; \$49 out-of-state per diem) _____
Other _____

d. Marketing, promotion, advertising (itemize)

e. Production expenses (itemize)

f. Remaining operating expenses (itemize)

TOTAL PROJECT EXPENSES: _____

PROJECT INCOME

a. BGSU	Amount	Confirmed	Anticipated
MACCM (this request)	_____	<input type="checkbox"/>	<input type="checkbox"/>
University _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Department _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. External			
Grants _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Contributions _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL PROJECT INCOME:	_____		

N.B. PROJECT INCOME SHOULD EQUAL PROJECT EXPENSES.
 APPLICANTS MUST SUBMIT ALL ORIGINAL RECEIPTS
 TO SECURE REIMBURSEMENT.