

## PUBLICATION AND PRODUCTION COST FUNDING APPLICATION

Name:		SIUE Email:	
Department:		School/College:	
Check One: <input type="checkbox"/> This is a Publication <input type="checkbox"/> This is a Production/Exhibit			
Was the project supported through a Graduate School Internal Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name the Award/Year:			
Title of Work			
Publication Name			
Journal Edition, if applicable			
Publication/ Production Date(s)			
Production Location, if applicable			

APPLICATION CHECKLIST (See Program Guidelines: [siue.edu/orp/internal/publication](http://siue.edu/orp/internal/publication)):

☐ This Form: Application Cover Page and Budget Worksheet (page 2 of this form)

***\*The Graduate School will provide up to 75% of the total eligible publication or production cost at a maximum of \$1000. Matching fund sources may include but are not limited to the applicant's academic unit, externally-sponsored projects, and personal sources.***

☐ Proof of acceptance by recognized peer-reviewed journal, publisher, or juried exhibition

☐ Statement of how the project relates to your scholarly activity (1 page)

☐ Proof of total publication or production cost that includes details of any ineligible costs

☐ Proof of how ineligible expenses will be covered (Budget Worksheet and supporting documents)

### SIGNATURES:

*By signing below, you agree that:*

- *the costs outlined are reasonable for the applicant's discipline*
- *the activity or publication is directly related to the advancement of the applicant's scholarly activity **and** is acceptable to your unit for tenure and promotion and performance evaluation*
- *you approve expenditures from your accounts as outlined in the budget worksheet.*

Signature: \_\_\_\_\_ Applicant Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Department Chair Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Dean Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Fiscal Officer, Other Funding Source Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **GRADUATE SCHOOL ACTION ONLY:**

Reviewer Initials: \_\_\_\_\_ ☐ Approved    ☐ Denied (letter attached)

Total Grad School Award Amount: \_\_\_\_\_

Signature Associate Dean, Graduate School \_\_\_\_\_ Date: \_\_\_\_\_

**PULICATION/PRODUCTION COSTS: TOTAL PROJECT BUDGET WORKSHEET**

***The Graduate School will provide up to 75% of the total eligible publication or production cost and a maximum of \$1,000.***

Please outline the Total Cost of the Publication or Production, including costs that are ineligible for support from The Graduate School. Outline all sources of funding for the estimated project costs. Attach any relevant vendor quotes or other forms of price documentation.

<b>Total Estimated Project Cost: \$</b>	<b>GRAD SCHOOL REQUEST (max \$1,000, 75% of Total Estimated Cost)</b>	<b>DEPARTMENT SUPPORT</b>	<b>SCHOOL/ COLLEGE SUPPORT</b>	<b>OTHER SOURCE (Specify:)</b>
<b>PUBLICATION or PRODUCTION COSTS</b>		Acct#:	Acct:#	Acct#
1 (specify):	\$	\$	\$	\$
2:	\$	\$	\$	\$
3:	\$	\$	\$	\$
4:	\$	\$	\$	\$
5:	\$	\$	\$	\$
6:	\$	\$	\$	\$
7:	\$	\$	\$	\$
8:	\$	\$	\$	\$
9:	\$	\$	\$	\$
10:	\$	\$	\$	\$
11:	\$	\$	\$	\$
12:	\$	\$	\$	\$
Total	\$	\$	\$	\$