**DELAWARE IDeA NETWORK OF BIOMEDICAL RESEARCH EXCELLENCE (DE-INBRE)**

**CORE DEVELOPMENT AWARD**

The Delaware INBRE Instrumentation Core Development Award is supported by the University of Delaware INBRE Office in order to enable staff from the affiliated INBRE cores to attend a workshop, offsite training, or conference. This award is aimed at core facility directors and research scientists that would like to develop new skills. Continual training and professional development is essential for core facility scientist. It also affords opportunities for presentations within in a professional setting, as well as opportunities for networking and exposure to the latest academic research.

The Delaware INBRE Office is providing matching-funds for this purpose. **The deadline for application for the Core Development Award is November 16, 2018.** Awards are limited and must conform to [University Travel Policy](https://sites.udel.edu/generalcounsel/policies/travel-and-business-hosting-policy/) on allowable travel reimbursements. The training or development event must take place on or before **April 19, 2019** and all receipts must be fully paid, processed, and allocated prior to **April 30, 2019**.

The policies and procedures for these limited awards are as follows:

1. The applicant should provide a description of workshop, offsite training, or conference and the impact it will have on the core facility and INBRE network (Limit 1 page).
2. If the applicant is not the core director, the core director or manager signature (see form below) should be provided to indicate support.
3. The amount of support will be based on the level of conference participation up to a maximum of $3,000. These grants are limited and full funding is not guaranteed.
4. The applicant must submit a detailed budget for the proposed travel and include information outlining projected costs and all sources of funding being provided for the travel.
5. Awardees must submit a finalized Travel Expense Report with itemized receipts and a Summary Statement to the Delaware INBRE Office detailing the benefits of the conference to their professional career growth.

 ***Supported by NIH NIGMS IDeA Program***

**Core Development Award Application Form**

Email the completed application to DE-INBRE administrative office at info@de-inbre.org. Applications are due on November 16, 2018. The applicant must submit appropriate receipts and must conform to University policy on allowable travel reimbursements.

Personal Information Details

1. Applicant’s Name: First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact Information:

 Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DE INBRE Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_
2. Core Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Core Facilty Director/Manager Support

1. Name: First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workshop, Training, or Conference Details

1. Name of the workshop, training, or conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Conference Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Conference Dates: Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses

1. Total Estimate Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Complete detailed budget, next page)
2. DE-INBRE funding request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Funding source if over the $3,000 award limit:

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Expense | Description and Justification | Amount |
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|  |  |  |
|  |  |  |
|  |  |  |
|  | Total |  |

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**Description of Workshop, Offsite Training, or Conference**