2022 HHDC Pilot Program – Request for Applications



HHDC TRAVEL STIPEND:

The objective of the HHDC Member Travel Stipend program is to support the presentation of HHDC member's work at professional society meetings by providing funding for travel and associated costs.

Requirements

Travel stipend recipient must be first author of an abstract being presented at a national conference.

Key Information

Travel Stipend Award \$2,000 maximum for 1 year

Eligibility

The PI of any HHDC grant application must be a Member of the HHDC. Preference will be given to students, post-docs and junior faculty.

Application Materials

A completed application consists of the items listed below, combined into one (1) single .pdf file for submission.

- 1. Travel Stipend Application Form
- 2. Letter of Intent (not to exceed three (3) pages total), consisting of: (all items are required)
 - a. Purpose of travel
 - b. All details of travel, including location and exact or anticipated dates
 - c. A summary of how you, your work/program, and HHDC will benefit from the travel
 - d. A detailed narrative of other sources of funds received. If no other funds have been received, a narrative of all funding sources which have been exhausted
- 3. Estimated or Actual Budget (not to exceed one page). There is no required budget format, but please clearly list each expense individually and do not combine items into "blanket" categories
- 4. Letter of Support from your supervisor (i.e. department chair, section chief, or similar)

Application Process

Evaluation Criteria

Applications will be assigned a score based on the following criteria:

- Degree of need for the travel
- Impact of the travel on the member and the degree to which the travel will enhance their work
- Benefit of the travel to the mission of Harold Hamm Diabetes Center and the degree to which it promotes the center

Award Conditions

- Funds may be used for direct travel costs only, including transportation, parking, airfare, accommodations, and conference registration fees. Funds may not be requested for meals or gratuity. Please direct any questions regarding allowable expenditures in advance of budget preparation, or transaction or commitment if application is funded, to Jimmy Eubanks in HHDC Administration at jimmy-Eubanks@ouhsc.edu
- All purchases, financial transactions, and similar related to use of the awarded funds will be coordinated by the awardee's department according to their policies and procedures.
- The awardee's budget contact should submit a single report of expenditures within 30 days of the completion of the travel. Requests for reimbursements prior to this deadline may be considered. Please submit and direct any questions or requests to Jimmy Eubanks in HHDC Administration at Jimmy-Eubanks@ouhsc.edu.
- The awardee's budget contact designated on their application is required to notify Jimmy Eubanks in advance of any reports of expenditures that cannot be made available by the deadlines listed above. Otherwise, reimbursement may be denied.
- It is the responsibility of the awardee's department to ensure adherence to all applicable
 institutional policies, including but not limited to purchasing policies, research compliance,
 and similar. Expenditures in excess of the award amount or expenditures not allowed by
 university or similar policy will not be reimbursed and are the sole responsibility of the
 Awardee's department.
- If the travel is related to a specific project, awardees must include the following statement on any manuscripts, presentations, or similar publications related to the project or its results: "This work supported in part by an award from Harold Hamm Diabetes Center at the University of Oklahoma."
- Failure to comply, including using funds for unapproved purposes or outside the spirit of the award, will render members ineligible to apply for any future HHDC funding.

QUESTIONS:

For questions or for special exception of the announcement approval, please contact Katie Hoefling at Katie-Hoefling@ouhsc.edu.

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER HAROLD HAMM DIABETES CENTER – PILOT GRANT PROGAM - 2022

Project Type: Diabetes Related	
Award Type: Travel Stipend	
Name & Credentials:	
Faculty Rank:	
nstitution/College/Department:	
Campus Address:	
Phone:Er	nail:
TRAVEL INFORMATION	
Requested Travel Stipend Amount:	\$
Funds committed from other sources (<i>if any</i>	y): \$
TOTAL TRAVEL BUDGET	\$
PURPOSE OF TRAVEL Conference/Meeting:	
Dalai	

In the space provided below, briefly justify the need and benefit of travel. (Utilize Application Materials for more detailed information)