

**MINNESOTA STATE UNIVERSITY, MANKATO**  
**FACULTY IMPROVEMENT GRANT APPLICATION**

*The Faculty Improvement Grant is designed to provide funding for faculty members to improve performance in one or more of the following areas: (1) Teaching, (2) Scholarly or Creative Activity, (3) Continuing Preparation and Study, (4) Contributions to Student Growth and Development, and (5) Service to the University and Community. Grants are awarded to pursue, but are not limited to, the following activities: workshops, institutes, seminars, symposia and/or other interactive activities, course work, observations, and self-designed learning activities.*

Name \_\_\_\_\_ College/Unit \_\_\_\_\_ Department \_\_\_\_\_

Check One:  Tenured     Probationary     NTT     Fixed-Term    % FTE: \_\_\_\_\_

Mail Code \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Have you received a Faculty Improvement Grant in the past three years? \_\_\_\_\_

If so, when did you receive the award? \_\_\_\_\_

Is this a group activity?  Yes     No

If yes, how many people? \_\_\_\_\_ How much will it cost per person? \_\_\_\_\_

Indicate which period of time the grant is requested for:

Fall \_\_\_\_\_ (year)     Spring \_\_\_\_\_     Summer \_\_\_\_\_

\*FIGs must be submitted two weeks before the faculty's last duty day for the Academic Year.

*Purpose and brief description of proposed activity (25 words or less):*

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*Specific Dates of Proposed Activity:* \_\_\_\_\_ through \_\_\_\_\_  
*Month/Day/Year*                      *Month/Day/Year*

***Application Narrative: (eight (8) pages maximum, excluding documentation)***

1. Describe the activity for which you are requesting support. Brochures or supporting materials clarifying and explaining your planned activity must be attached. For tuition payments, attach a fee statement or other supporting documentation. For self-directed projects, attach a detailed schedule and documentation of your plans.
  
2. Explain how this activity will improve your performance in one or more of the Article 22 criteria (below) and how it benefits: a) you, b.) the department and/or instructional program, and c.) the University. For self-directed projects, attach a detailed schedule and documentation of your plans.
  - *Teaching*
  - *Scholarly or Creative Activity*
  - *Continuing Preparation and Study*
  - *Contributions to Student Growth and Development*
  - *Service to the University and Community*

**Faculty Improvement Grant Proposed Budget  
USE THIS FORM**

Applicant Name: \_\_\_\_\_

Location of Activity: \_\_\_\_\_  
(city/state/country)

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Number of nights: \_\_\_\_\_ Number of days: \_\_\_\_\_

<b>US dollars only</b>	
Tuition (attach fee schedule)	\$
Registration fee (attach brochure)	\$
Entrance fee (attach documentation)	\$
<b>Transportation (\$1500 maximum allowed)</b> (documentation needed for each cost)	
Air, bus, or train price quote	\$
Airport shuttle/taxi	\$
State car*	\$
Personal vehicle or rental*	\$
Parking	\$
<i>*Use State of Minnesota guidelines to determine maximum allowed</i>	
<b>Total transportation (\$1500 maximum)</b>	\$
<b>Meals (# of meals x rate* = total)</b>	
Breakfast _____ x _____	\$
Lunch _____ x _____	\$
Dinner _____ x _____	\$
<i>* State of Minnesota maximum allowed rate</i>	
<b>Total Request for Meals</b>	\$
<b>Lodging ( # of nights x rate) (documentation needed)</b>	
Nights _____ x _____	
<b>Total Lodging</b>	\$
<b>Total Expenses</b>	\$
<b>Total FIG Request</b>	\$

Signatures:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
I have reviewed this application: Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
I have reviewed this application: Dean/Dir./Supervisor\*

\_\_\_\_\_  
Date

**If application is completed and the dates of the activity are prior to the FIG committee approval, an Employee Expense Report must be completed within the required 60-day period. See <https://www.mnsu.edu/busoff/travel/timely/index.html>**