Pursuit of Extramural Support Travel (PEST) Grant

**Purpose**

The Pursuit of Extramural Support Travel (PEST) grant is to assist researchers by providing partial support for travel to meet with funding agencies or other sources of extramural support in order to (i) learn about sponsored programs opportunities, (ii) seek guidance on applying for external support, and/or (iii) describe researcher’s ongoing and proposed work pursuant to (i) and (ii).

**Restrictions**

PEST grants will be made for up to one half of the total travel costs, to be matched by Departments and Colleges or the traveler.

The agencies and program officers to be visited must be listed in the PEST application.

Funds from this grant may not be used for travel to workshops, conferences, or other sites such as those of collaborators or partners. UNT Colleges frequently provide “supplement travel support” for these purposes. If visits to funding agencies are to be accompanying other travel, the PEST application will only be considered for the incremental cost of the visit to the funding agency (for example, for an additional night’s hotel stay but not the air travel). Reimbursement will be based on actual expenses (up to the GSA per diem limit) and itemized receipts will be required. In addition, certain items may not be paid for using state funds, for example, alcohol, tips, and gratuities.

**Eligibility**

To be eligible for a PEST grant the faculty member must hold the academic rank of Assistant Professor or higher and be employed on a full-time basis in a permanent or tenure track position.

**Selection Criteria**

Priority will be given to requests that supplement funds from Department or College sources. If the faculty member self-funds the matching cost of the trip, a brief letter of support from the Department and College is recommended. Preference will be given to new faculty developing their research programs or faculty who are reinitiating or redirecting their research.

**Deadline**

Applications for PEST grants may be made at any time during the year. Generally, applicants will be notified within ten business days of receipt of the application.

**Submission**

Fill in each section of the application, obtain Department and College signatures attesting to their cost matching, and return to The Office of Research and Economic Development, Hurley Administration Building, or send a scanned image of the completed and signed form via email to “intramuralgrants@unt.edu.”
Section I

Applicant Name: ___________________________________________  Emplid #: __________________

Phone Number: ______________________  Email: ________________________________

Div./Dept./School/College:___________________________________________________________

Academic Rank: ______________________  Tenure Status: ______________________________

Years at UNT: _______  Latest Degree and Year Completed: _____________________________

Enter a description of the funding agencies and program offices to be visited and the sponsored program opportunities to be explored. Please include the specific names/titles of people, places/locations that you expect to visit and exact dates/times that these secured events will occur in pursuit of extramural support. If other travel is to be associated with the visits, indicate so and request support only for the incremental portion of travel expenses associated with the visit in the budget below.
## Project Budget

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<thead>
<tr>
<th>TOTAL FUNDS REQUIRED</th>
<th>DEAN’S MATCH REQUESTED?</th>
<th>DEPT. MATCH REQUESTED?</th>
<th>REQUESTING FROM VP FOR RESEARCH</th>
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<th>TRAVEL *</th>
<th>AMOUNT $</th>
<th>DEAN’S MATCH REQUESTED?</th>
<th>DEPT. MATCH REQUESTED?</th>
<th>REQUESTING FROM VP FOR RESEARCH</th>
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<td>Lodging</td>
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<td>Transportation</td>
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<td>Other</td>
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*PEST travel funds may not be used for travel to workshop, conferences, or other meetings, or for certain items such as tips, gratuities, and alcohol.

## Section II – Signatures

APPLICANT: ___________________________ Date: ____________

CHAIR: ___________________________ Date: ____________

(Printed name and signature for amount of match pledged)

Amount of Match Pledged: $ ____________

DEAN or DIRECTOR: ___________________________ Date: ____________

(Printed name and signature for amount of match pledged)

Amount of Match Pledged: $ ____________

Funds Granted: $ ____________ Acct: ____________

Office of Research & Economic Development: ___________________________ Date: ____________

(MM/DD/YY)