## FACULTY/STAFF PUBLICATION FUND UNIVERSITY OF WISCONSIN - STEVENS POINT UNIVERSITY PERSONNEL DEVELOPMENT COMMITTEE

Before completing the application below, please review the "Grant Guidelines" document on the <u>Common</u> <u>Council UPDC webpage</u>. This document provides detailed information about the requirements and qualifications for each grant funded by the UPDC.

To apply, please complete the following form. Obtain signatures, attach supporting documentation, and email to the Office of Research and Sponsored Programs (<u>orsp@uwsp.edu</u>) by 12:00 pm on the date listed on the <u>Common</u> <u>Council UPDC webpage</u>. Please combine files into a single PDF. **Proposals that are incomplete or do not follow stated guidelines will not be eligible for funding**.

## Send grant related questions to:

Office of Research and Sponsored Programs

orsp@uwsp.edu or

call 715-346-3799

## Applications should be submitted to:

Office of Research and Sponsored Programs

orsp@uwsp.edu

Updated 04/20/2022

Request Approved for:

Department #:

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## APPLICATION FOR PUBLICATION FUNDS

Name		
College: Dept./l	Discipline:	
Rank and Title:	·	
Date of Application:		
Anticipated Date of Publication:		
Date Payment is Due:		
Title of Publication:		
Name of Journal or Publisher:		
Publication Costs	Amount	
Page Charges/Color		
Memberships*		
Book Manuscripts		
Open Access*		
TOTAL		
*see guidelines		
C C		
If necessary, who will pay for the remaining costs b	eyond UPDC's \$1,000?	Amount
Dept./Discipline Dept. #	(signature needed below)*	
College Dept. #	(signature needed below)*	
Personal Check		
Other/Explain:		
How was this project funded:		
I certify that this is a reputable, refereed (peer reviewed)		
publication of scholarly work in this discipline, and I do		
not have access to extramural funding (grants, gifts, etc.)		
to cover the cost of publication.	Department Chair Signatur	e and Date
Applicant's Signature and Date	Director's Signature and Date	
	Office of Research & Sponsored Programs	
Please attach:		-
□ Invoice		
□ Information to Contributors from Publisher		
□ Abstract of Manuscript	*Dept. # - Manager's Signat	ure and Date
Payment Services Membership Approval if needed (email)		