

## 2024 HHDC Grant Program – Request for Applications



### **HHDC TRAVEL AWARD**

The objective of the HHDC Member Travel Reimbursement 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 Reimbursement recipients must be first author of an abstract being presented at a national conference that is closely aligned with the mission of the HHDC to increase understanding about the causes and consequences of diabetes and closely related cardiometabolic conditions like obesity, liver disease, and cancer, as well as strategies for prevention or treatment of these conditions.

### **Key Information**

\$2,500 maximum for 1 year

### **Eligibility**

The PI of any HHDC grant application must be a Member of the HHDC and have a primary appointment at the University of Oklahoma Health Sciences Center. Preference will be given to students, post-docs and junior faculty.

### **Application Materials**

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

1. Travel Reimbursement 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.
  - e. A copy of the abstract submitted.
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. Appendix. Provide either: a) a confirmation that the abstract was submitted (with date of receipt), or b) confirmation that the abstract was accepted for presentation at the meeting, if available. If not yet received, note the expected date of notification.
5. Letter of Support from your supervisor (i.e. department chair, section chief, or similar).
6. Signed Award Conditions and Agreement.

### **Application Process**

Applications are due to [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@ouhsc.edu) by **5:00 pm on February 2, 2024**. Please title the application attached to the e-mail: HHDCTravel [PI Last Name, First Name]. **Please submit the application as a single file in pdf format.** Failure to follow these steps could cause your application to be overlooked and not reviewed by the HHDC Grants Review

Committee.

### **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 HHDC.

### **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, gratuity or per diem. Please direct any questions regarding allowable expenditures in advance of budget preparation, or transaction or commitment, to [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@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 departmental budget contact will process the travel claim and then submit an invoice showing expenditures and reimbursement within 30 days of the completion of the travel. Requests for reimbursements prior to this deadline may be considered.
- The awardee's budget contact designated on their application is required to notify HHDC Administration at [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@ouhsc.edu) 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.
- The applicant's affiliation with Harold Hamm Diabetes Center must be clearly stated in their title, biography, and any printed materials.
- 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 is supported in part by an award from Harold Hamm Diabetes Center at the University of Oklahoma."

### **QUESTIONS:**

For questions, please contact [HHDCGrants@ouhsc.edu](mailto:HHDCGrants@ouhsc.edu).

[Type here]

**FACE PAGE**

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UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

HAROLD HAMM DIABETES CENTER

**Professional Travel Application**

Applicant Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Institution/ College/  
Department: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**TRAVEL INFORMATION**

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**Requested Travel Reimbursement Amount:** \$ \_\_\_\_\_

**Funds committed from other sources (*if any*):** \$ \_\_\_\_\_

**TOTAL TRAVEL BUDGET** \$ \_\_\_\_\_

**PURPOSE OF TRAVEL**  
**Conference/Meeting:**

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**Role:**

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Attach pages to provide the additional information described in *Application Materials*, items 2-5.

Award Conditions and Agreement

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**We have read and agree to comply with the above award conditions. We accept the award funds and understand that failure to comply with award conditions, including using funds for unapproved purposes or outside the spirit of the award, will render members ineligible to apply for any future HHDC funding and prohibit reimbursement of expenses, making us responsible for the full cost of the unallowable expenditure.**

<i>Member</i>		
Name:	Signature:	Date:

<i>Departmental Budget Contact</i>		
Name:	Signature:	Date:

<i>Dean/Department Chair/Section Chief (or other direct supervisor)</i>		
Name:	Signature:	Date: