



CNMI TRAVEL GRANT

The Northern Marianas Humanities Council (NMHC) invites Marianas History Conference presenters from the Commonwealth of the Northern Mariana Islands (CNMI) to apply for a travel grant to help defray the cost of airfare, lodging, meals, and ground transportation in connection to participation in this event.

Presenters must submit a CNMI Travel Grant Application by July 31, 2019 for consideration. Proof of acceptance of the paper/presentation should be attached to the application. Submit applications to: Northern Marianas Humanities Council, PO Box 506437, Saipan, MP 96950 or scan and email to: info@nmhcouncil.org. In the event of dual authorship of a paper accepted for presentation, only the presenting author may receive an award.

PRESENTER'S NAME: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

TOTAL AMOUNT OF SUPPORT REQUESTED: \$ _____

TITLE OF PRESENTATION:

PRESENTATION ABSTRACT (150 WORD LIMIT):

DATE AND TIME OF PRESENTATION: _____

IS THIS YOUR FIRST TIME PRESENTING AT A MARIANAS HISTORY CONFERENCE?

YES NO

TRAVEL EXPENSES WORKSHEET

- 1. FOOD (per diem)
 _____ days x \$40 (2019 rate for Guam) \$ _____
- 2. HOTEL
 _____ nights x \$ _____ nightly rate (\$150 limit) \$ _____
- 3. AIRFARE
 \$ 310 round trip plane ticket \$ _____
- 4. GROUND TRANSPORTATION
 _____ days x \$30 per day \$ _____
- 5. REGISTRATION FEE
Waived for CNMI Residents \$ 0
- 6. AMOUNT THAT YOU ARE REQUESTING FROM NMHC \$ _____

SOURCES OF FUNDING

Please list other sources of funding you have requested. List the name, source, and amount of support requested from each source needed for travel to your conference. Include the amounts even if you have not been awarded the funds yet.

| NAME OF GRANT/FUNDING | SOURCE OF GRANT/FUNDING | AMOUNT (\$) |
|-----------------------|-------------------------|-------------|
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The information I have given in this application is true and correct. I will travel as indicated on this application and will notify the NMHC immediately if travel does not occur. If the reimbursement has occurred prior to my notification of non-attendance I understand that I will be required to pay back the amount awarded to the NMHC along with any related fees that may accrue.

Signature _____ Date _____