

# Conference Funding Application

## Group Signature Form

This form must be completed by the deadline and submitted as a file upload within the student funding application. Please contact the Office for Undergraduate Research at [undergrad-research@buffalo.edu](mailto:undergrad-research@buffalo.edu) with any questions.

### Students' Signatures

*I understand that by signing this application, I acknowledge that my group will use the funds to present at a conference under the guidance of our mentor and that the information contained in the application is true and accurate.*

**Presentation Title:** \_\_\_\_\_

**1) Applicant Name (print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2) Applicant Name (print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3) Applicant Name (print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**4) Applicant Name (print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**5) Applicant Name (print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**6) Applicant Name (print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Mentor's Signature**

*I understand that by signing this application, I am acknowledging that the above-mentioned students are presenting at a conference under my guidance.*

*I understand that my department chair has the final authority over fund transfers (signature required below). The department chair may approve or deny funds being sent to a faculty account or provide alternative account information for the funding deposit. I also agree to assist in obtaining the chair's signature.*

*I have read the students' application for accuracy of content-specific information as related to our field of study. If IRB approval is necessary for the work on which the presentation is based, I attest that any student working with human or animal subjects has obtained IRB approval and has completed the CITI training requirements.*

*I acknowledge that the expenses listed in this group's budget directly support their proposed activities and will not be used to build out my lab or research infrastructure.*

*I understand that I am eligible to serve as the mentor for a maximum of 3 successful Conference Funding Applications per academic year through the Office for Undergraduate Research.*

**Faculty/Staff Name (print):** \_\_\_\_\_

**Faculty/Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Financial Administrator's Signature**

*I understand that by signing this form, I have approved the financial account information supplied for accuracy. Once the funds are transferred, I agree to disburse funds in accordance with proper account spending guidelines. Funds must be used as outlined in the approved budget.*

**Name of UB Department:** \_\_\_\_\_

**Full Name of Department's Financial Administrator (print):** \_\_\_\_\_

**Financial Administrator's Office Phone Number:** \_\_\_\_\_

**Financial Administrator's UB Email Address:** \_\_\_\_\_

**Department's Campus Address:** \_\_\_\_\_

**IFR Account Number:** \_\_\_\_\_

**Financial Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Department Chair's Signature

*I understand that by signing this form I acknowledge that the above-mentioned students are presenting at a conference under the guidance of a faculty member in the department I currently oversee. I understand that I will be notified of the funding decision and that a faculty/staff member in my department may receive the funds in the account listed above, should the application be approved. Funds will be used as outlined in the approved budget.*

*If you wish to provide a different account for the transfer of funds, please list the alternative account information below. Final funding account preference will be given to the department chair.*

**Alternative IFR Account Number (if applicable):** \_\_\_\_\_

**Full Name of Department Chair (print):** \_\_\_\_\_

**Department Chair's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_