

# ELN Project Funding Application

## Individual Signature Form

This signature form must be completed by the funding deadline and submitted to the Experiential Learning Network via email to ubeln@buffalo.edu. Signatures for the financial administrator and chair should come from the mentor's academic department.

### Student's Signature

*I understand that by signing this application, I acknowledge that I will use the funds to conduct an original project under the guidance of my mentor and that the information contained in this application is true and accurate.*

Project Title: \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_

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

**Please obtain the signatures below only if you are working on a faculty-led project, as indicated in the Project Profile. Signatures for the financial administrator and chair should come from the mentor's academic department.**

### Mentor's Signature

*I understand that by signing this application, I am acknowledging that the above-mentioned student is conducting a project under my supervision.*

*I am aware that my department chair holds final approval of directing all fund transfers (signature required below) and that the department chair may either approve or deny funds being sent to a faculty account, or can supply alternative account information for funds to be deposited into. I also agree to assist with obtaining the chair's signature.*

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

Faculty/Staff Name (Printed): \_\_\_\_\_

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 (printed):** \_\_\_\_\_

**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

*As department chair, I understand that by signing this form I acknowledge that the above-mentioned student is conducting a project with a faculty member in the department I currently oversee. I have also noted the proposed expenditures and confirm that the funds are not being requested to build out faculty laboratories or equipment, but are instead directly supporting student projects. 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 (printed):** \_\_\_\_\_

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

**Department Chair's UB Email Address:** \_\_\_\_\_