## NLM Training Grant – Request for Funding Policy

Trainees supported through the National Library of Medicine (NLM) and Fogarty will receive monetary support during their appointment to the grant. Effective immediately, Trainees are now required to follow the Request for Funding Policy and submit the Request for Funding Form along with justification for all discretionary spending\*.

Textbooks, required and recommended, for coursework will be automatically approved. eBooks are now an approved format for books tied directly to coursework.

Trainees will be offered a program laptop during their appointment. Trainees are responsible for following all code of conduct rules for the issued laptop and are responsible for the physical security of OHSU-issued computers and understanding the laptop is property of OHSU. Replacement of a lost or stolen laptop is the financial responsibility of the Trainee.

Travel to the annual NLM Training Meeting will be automatically approved. Trainees must follow policy regarding travel to these conferences. Travel to any other conference (i.e., AMIA or ISMB) will require a request for funding submission

Trainees must submit a request for funding form for the following:

1. Request to purchase books that are not associated directly with coursework
2. Request to take coursework outside of required courses in your program
3. Request to take cognate coursework outside of OHSU
4. Request to attend a conference outside of the annual NLM Training Meeting
5. Request for research expenses, e.g., incentives for research participants
6. Request for software and/or computer equipment.

All forms need a signature from Trainee’s mentor as approval of funding request. Forms should be submitted to DMICE Administration for submission and will be reviewed at the bi-monthly doctoral meeting. All funding decisions will be made at the doctoral meetings. No funds will be allocated unless a signed funding request form has been received by the DMICE Administration and approved by the doctoral committee. No reimbursements will be processed if a request for funding form was not submitted and approved prior to the purchase.

DMICE Administration – Andrea Ilg

\*Discretionary spending – any monies used to purchase goods as training expenses while appointed to the NLM Training Grant.

Non-Discretionary spending – Stipend, Health Insurance, Tuition/Fees at OHSU, Textbooks tied directly to coursework, Travel to NLM Training conference and AMIA or Bioinformatics Annual Meeting.

NLM Training Grant – Request for Funding Form

|  |  |
| --- | --- |
| Date Submitted |  |
| Trainee Name |  |
| Mentor Name |  |

**Itemized detail of funding request**

|  |  |
| --- | --- |
| Item | Estimated Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Estimated Cost** | $ |

**Required: Trainee justification for request for discretionary spending:**

**Required: Mentor justification for approving request for discretionary spending:**

Trainee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received by DMICE Administration

Date reviewed by committee

Committee approval

Committee rejection (with reason)

NLM Training Grant – Request for Funding Form

|  |  |
| --- | --- |
| Date Submitted |  |
| Trainee Name |  |
| Mentor Name |  |

**Conference Travel Request**

□ Conference travel outside of annual NLM Training Meeting

|  |  |
| --- | --- |
| Conference Name |  |
| Destination City/State |  |
| Departure Date |  | # of Nights |  |
| Airfare |  |
| Conference/Registration Fee Early Bird pricing |  |
| Lodging |  |
| Ground Transportation |  |
| Per Diem |  |
| **Total Estimated Cost** | $ |

**Required: Trainee justification for requesting additional travel funds:**

**Required: Mentor justification for approving request for discretionary spending:**

Trainee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received by DMICE Administration

Date reviewed by committee

Committee approval

Committee rejection (with reason)