GHP | Global Health Program

# **Global Health Program**

# **Travel Grant application package 2023/2024**

**Background**

The DGSOM Global Health Program (GHP), in collaboration with International Health Services, is pleased to offer a Global Health Travel Grant Program. This program provides small grants for DGSOM and UCLA Health faculty, residents, and fellows to help support short-term clinical and research opportunities in global health. Activities funded under this travel grant could include, but are not limited to: performing clinical service, participating in capacity building for training and education, and/or helping to develop a clinical/education/research partnership or collaboration. Grants are offered for up to $3,000 per individual and are provided on a cost-reimbursement basis. Please note, airfare counts towards the total budget. After travel, reimbursement requests and paperwork should be emailed to Vijeta Vaswani, GHP Program Coordinator, at [VVaswani@mednet.ucla.edu](mailto:VVaswani@mednet.ucla.edu).

GHP and International Services will award up to 10 travel grants per year; individuals may only receive one grant per academic year. Upon return, each recipient will be required to submit a one-page summary of the work performed and any future plans related to the trip.

Please note: The Travel Grant Program is not intended to fund international conference participation.

**Qualification Criteria**

*Faculty:*

1. Must be a current DGSOM or UCLA Health faculty member
2. Travel must be one-week at minimum
3. While vacation time cannot be used, vacation days can be added to a trip to facilitate travel

*Resident/Fellow:*

1. Must be a current DGSOM or UCLA Health resident or fellow
2. Travel must be one-week at minimum
3. While vacation time cannot be used, vacation days can be added to a trip to facilitate travel

**Application requirements**

Please note the application requirements, and send all relevant documentation via email to 3 email addresses: GHP Program Coordinator, Vijeta Vaswani at [VVaswani@mednet.ucla.edu](mailto:VVaswani@mednet.ucla.edu); and copy Dr. Fola May, GHP Director of Grants at [FMay@mednet.ucla.edu](mailto:FMay@mednet.ucla.edu). The application deadline is rolling, and applications will be reviewed as they are received. In most cases, travel funds submitted for reimbursement within two weeks of your return to UCLA. The application and budget template are included below. The following are required as part of a complete application:

1. Completed application form (page 3)
2. Proposed budget (page 4)
3. Curriculum Vitae
4. Written letter of support, on official UCLA letterhead
   * ***Faculty*:** A brief written letter of support should come from your Department or Division stating that you the experience is endorsed by Division/Department leadership. All letters should be signed by the appropriate individual (Department Chair or Division Chief).
   * ***Residents/Fellows:***A brief written letter of support should come from your Program Director stating you are in good standing and that the experience is endorsed by program leadership. All letters should be signed by the residency or fellowship Program Director or Associate Program Director.
5. Letter of support from local organization, institution, collaborator or host
6. IRB approvals from UCLA and/or global partner site (if relevant)
7. Submit reimbursement requests **within two weeks** of returning to UCLA after travel
8. Submit a one-page summary of your trip, including any future plans related to the trip, within four weeks of your return to GHP Program Coordinator, Vijeta Vaswani, at VVaswani@mednet.ucla.edu. GHP also appreciates the submission of any photos from your trip. For photos including patients, please complete a [photo release form](https://opencms.ctrl.ucla.edu/global_health/files/view/DGSOM_photo_release_english.pdf), which is also available on the Travel Grant webpage. We ask for photos in part so we can potentially feature your work in future newsletters or other GHP media (e.g., website, social media).

# **Global Health Program: Travel Grant application 2023/2024**

Please complete the following application and send all relevant documentation via email to 3 email addresses: GHP Program Coordinator, Vijeta Vaswani at [VVaswani@mednet.ucla.edu](mailto:VVaswani@mednet.ucla.edu) and copying Dr. Fola May, GHP Director of Grants at [FMay@mednet.ucla.edu](mailto:FMay@mednet.ucla.edu).

**Background information**

|  |  |  |
| --- | --- | --- |
| **Full name:** |  |  |
|  | **Last** | **First** |

|  |  |
| --- | --- |
| **Email:** |  |

|  |  |
| --- | --- |
| **University ID number (UID):** |  |

|  |  |
| --- | --- |
| **Department/Division:** |  |

|  |  |
| --- | --- |
| **Title:** |  |

|  |  |
| --- | --- |
| **Location of proposed**  **travel (city and country):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticipated departure date:** |  | **Anticipated return date:** |  |

|  |  |
| --- | --- |
| **Name of UCLA mentor or supervisor (for residents/fellows only):** |  |

|  |  |
| --- | --- |
| **Type of proposal (ex: clinical training, clinical care/service delivery, research project, partnership development/**  **other- please describe):** |  |

|  |  |
| --- | --- |
| **Host site/institution/organization involved in this activity:** |  |

**Written narrative** (500 words max)

Please describe the proposed project/program goals, specific activities, and how you envision this activity will enhance your career development. Please also include a description of your role in this project/program, and the potential impact of this activity on the host site/institution. **(Please add response to page 5 of this application)**

**Attestation**

Please sign and date, confirming the following: I attest that my vacation time will not be used (although vacation days can be added to my trip to facilitate travel).

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature:** |  | **Date:** | Click or tap to enter a date. |

**Global Health Program: Travel Grant budget template 2023/2024**

**Please complete estimates as part of your complete application.**

|  |  |
| --- | --- |
|  | Estimate in $ |
| Pre-departure costs (e.g., visa, vaccines, supplies) | $0.00 |
| Roundtrip flight (note that GHP will book all flights through UC Travel) | $0.00 |
| Ground transportation (e.g., to/from airport, to/from site) | $0.00 |
| Housing total (estimate cost/night times number of nights) | $0.00 |
| Meals and incidentals total (estimate cost/day times number of days) | $0.00 |
| Other | $0.00 |
| **SUM (Not to exceed a maximum budget of $3,000):** | **$0.00** |

**Written Narrative** (500 words max)

Please describe the proposed project/program goals, specific activities, and how you envision this activity will enhance your career development. Please also include a description of your role in this project/program, and the potential impact of this activity on the host site/institution.

Please add your response