



## Faculty Dependent Care Travel Fund

### APPLICATION

#### Applicant information

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Name: \_\_\_\_\_

Net ID: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

Campus address: \_\_\_\_\_

Position: \_\_\_\_\_

Department/school: \_\_\_\_\_

Contract or Endowed? \_\_\_\_\_

Have you previously applied to the Faculty Dependent Care Travel Fund this fiscal year? Yes No

Are you receiving funds from any other source to cover the expenses being applied for? Yes No

#### Purpose of travel

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Description of event: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Role in the event (presentation, panel organizer, researcher, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Please submit documentation of your participation in this event/meeting/research site, e.g.; copies of your conference registration, the conference program with your name and professional obligation (host, speaker, etc.), or invitation from host of invited talk.

**CONTINUED**

## Dependent(s) Information

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*For more than one dependent, please attach additional pages.*

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

### Reason for needing dependent care:

Examples: single parent, nursing child, etc. If spouse/partner is not available due to work, please provide spouse's/partner's name and documentation of their work obligations and/or other extenuating circumstances.

### Description of anticipated dependent care expenses:

Funds are awarded to scholars traveling to professional events/meetings/research sites that result in additional caregiving costs. Please describe the travel and accommodations for dependents and/or coverage for the care that you are planning. Include an itemized budget and a brief justification statement describing the necessity of each line item (2-3 paragraphs). *Note: awards do not cover meal expenses*

The Faculty Dependent Care Travel Fund is a taxable payment. If approved, Cornell will add an additional 25% of the final expenses when the payment is issued to help defray the tax burden.

**Total amount requested: \$**

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If approved, payment will be made after all travel is completed. The Travel Care Fund Verification Form **and all receipts/ documentation must be submitted within two weeks of the end of travel.** The Travel Care Fund Verification Form and all receipts/documentation for travel before and up to June 30, 2019 must be submitted by July 15, 2019 to be eligible for funds from the 2018-2019 fiscal year. Failure to submit by the July 15, 2019 deadline will result in expenses being applied to the 2019-2020 fiscal year and will count towards the recipient's \$1000.00 cap for the 2019-2020 fiscal year. If travel is not completed and documentation cannot be submitted by the July 15, 2019 deadline, expenses will be applied to the 2019-2020 fiscal year.

I certify that I have completed this application accurately for consideration for reimbursement under Cornell's Faculty Dependent Care Travel Fund Program. I understand that incomplete or inaccurate information may adversely affect my eligibility under this program up to and including repayment of any funds awarded.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit application electronically to:**

Diane Bradac, [sdb39@cornell.edu](mailto:sdb39@cornell.edu)

607-255-1917