

FACULTY/STAFF PUBLICATION FUND
UNIVERSITY OF WISCONSIN - STEVENS POINT
UNIVERSITY PERSONNEL DEVELOPMENT COMMITTEE

Before completing the application below, please review the “Grant Guidelines” document on the [Common Council UPDC webpage](#). This document provides detailed information about the requirements and qualifications for each grant funded by the UPDC.

*To apply, please complete the following form. Obtain signatures, attach supporting documentation, and email to the Office of Research and Sponsored Programs (orsp@uwsp.edu) by 5:00pm on the date listed on the [Common Council UPDC webpage](#). Please combine files into a single PDF. **Proposals that are incomplete or do not follow stated guidelines will not be eligible for funding.***

Send grant related questions to:

Office of Research and Sponsored Programs

orsp@uwsp.edu or

call 715-346-3799

Applications should be submitted to:

Office of Research and Sponsored Programs

orsp@uwsp.edu

Request Approved for: _____ Department #: _____
 (office use only)

APPLICATION FOR PUBLICATION FUNDS

Name _____
 College: _____ Dept./Discipline: _____
 Rank and Title: _____
 Date of Application: _____
 Anticipated Date of Publication: _____
 Date Payment is Due: _____
 Title of Publication: _____
 Name of Journal or Publisher: _____

Publication Costs	Amount
Page Charges/Color	
Memberships*	
Book Manuscripts	
Open Access*	
TOTAL	

*see guidelines

If necessary, who will pay for the remaining costs beyond UPDC's \$1,000? **Amount**

Dept./Discipline	Dept. # _____	(signature needed below)*	_____
College	Dept. # _____	(signature needed below)*	_____
Personal Check			_____
Other/Explain:	_____		_____

How was this project funded:

I certify that this is a reputable, refereed (peer reviewed) publication of scholarly work in this discipline, and I do not have access to extramural funding (grants, gifts, etc.) to cover the cost of publication.

 Department Chair Signature and Date

 Applicant's Signature and Date

 Director's Signature and Date
 Office of Research & Sponsored Programs

Please attach:

- Invoice
- Information to Contributors from Publisher
- Abstract of Manuscript
- Payment Services Membership Approval if needed (email)

 *Dept. # - Manager's Signature and Date