Ellis College of Arts and Sciences
Margin of Excellence Proposal Form

Please submit one (1) electronic copy and (1) hard copy. You have fifteen (15) working days to get all paperwork completed after your project. Money remaining in your award after fifteen (15) days will be re-distributed to other projects. If you receive an award for one semester and do not use all of the funds, the unused balance will not carry over and be available to you, if you were to get another award the following semester.

Project Title: ______________________________________________________

Project Director(s): _________________________________________________

Contact Information: ________________________________________________
                      (Telephone/Extension)    (HSU Box Number)

Estimated Number of Persons/Groups Affected: __________________________

Proposed Date of Project: ____________________________________________

Have you ever previously received funding from the Ellis College Margin of Excellence Fund? ______
If so, when? ____________________________________________________________________________

1. On a separate page, indicate how this project supports the mission of the Ellis College of Arts and Sciences.

2. Give a brief abstract (no more than one (1) page) of the proposed project. Attach all supporting documents.

3. Complete and submit the Margin of Excellence Proposal form.

4. If you are requesting honoraria, attach a vita for each person.

Activities that require individuals to be paid more than $5,000.00 for professional services or activities utilizing Arkansas employees require four (4) weeks processing time for completion of professional services, contracts, or concurrent employment forms. In addition, after above contract or form has been completed and approved, please allow an additional three (3) weeks for processing and state approval of the voucher (check). All other honoraria to be paid (honoraria under $5,000.00 being paid to non-state employees) require a minimum of two (2) weeks processing and approval time. AN APPROVED PROFESSIONAL SERVICES CONTRACT MUST BE ON FILE BEFORE SERVICES ARE RENDERED FOR INDIVIDUALS TO BE PAID $5,000.00 OR MORE.
Ellis College of Arts and Sciences  
Margin of Excellence  
Proposal Budget

Project Title: __________________________________________________________

Project Director(s): ______________________________________________________

Amount of Request: ______________________________________________________

Matching Funds/Source: __________________________________________________

HONORARIA: LIST INDIVIDUAL(S) TO BE PAID, AND AMOUNTS TO BE PAID.  
(ATTACH A VITA FOR EACH PERSON)*

________________________________________ $___________________
________________________________________ $___________________
________________________________________ $___________________
________________________________________ $___________________

TOTAL HONORARIA TO BE PAID $___________________

*Please consider one (1) honorarium to include your guest’s travel costs and meals. Guests must complete a Margin of Excellence Invoice and a W-9 to be paid.

Would you like to be able to hand your guest their honorarium check upon arrival?  
_____ yes  
_____ no
TRAVEL: List purpose (explanation for travel, dates of travel, mileage, meals, and lodging to be paid.) All travel must follow Arkansas state guidelines. All travel must have prior approval and applicant must fill out Arkansas state travel request (TR-1) forms. Every TR-1 must be signed by the Associate Dean of Ellis College. Please include travel costs in honorarium.

Purpose:  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Dates:  
__________________________________________________________________________

Mileage: Total miles _______ x._____ = mileage to be paid $____________

Meals: Total meals to be paid for _______ days = $____________

Lodging: Total nights _______ @ $___________ per night = $____________

TOTAL TRAVEL TO BE PAID $____________

Captain Henderson House accommodations are to be made by the dean’s administrative assistant.

PUBLICITY: Give an estimate of the publicity cost. (Check with the office of Marketing and Communications. If additional publicity is required, get estimates from sources to be used.) List sources and amounts.

__________________________________________________________________________ $____________
__________________________________________________________________________ $____________
__________________________________________________________________________ $____________

TOTAL PUBLICITY TO BE PAID $____________
RECEPTION: Give an estimate of your reception costs. Include dates and times of reception, approximate number of attendees, and a cost estimate from Aramark Food Service.

Date and Time: ____________________________________________________

Number of Attendees: ______________________________________________

TOTAL RECEPTION COSTS       $________________

OTHER EXPENSES OR SUPPLIES NEEDED: Give a description and estimate.

__________________________________________________________________  $___________

__________________________________________________________________  $___________

TOTAL OTHER EXPENSES        $___________

TOTAL PROPOSAL BUDGET        $___________

TOTAL APPROVED BY MoE        $___________

Revised, 2014