AMERICAN OVERSEAS RESEARCH CENTERS (AORC)

CFDA NUMBER: 84.274A

IFLE REPORTING SYSTEM PROPOSED SCREENS

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Project Information

Review and edit the project information and contact information for the project director. If you need to change the name or email of your project director, contact your program officer for instructions. Enter your abstract and select the languages, disciplines, countries, and subject areas relevant to your project.

and subject areas relevant	t to your project.
* Required fields Name: Title:	
Street:	*
Street 2:	
City:	*
State:	District of Columbia
Postal code:	*
Phone:	*
Fax:	
Email: Web site:	
Home institution: Institution Type:	Select one
MSI Designation:	* Eligible to receive assistance under sections 316 through 320 of part A of title III, under part B of title III, or under title V of the HEA. Not eligible to receive assistance under sections 316 through 320 of part A of title III, under part B of title III, or under Title V of the HEA.

Community College Designation: *

Meets the definition in section 312(f) of the HEA (20 U.S.C. 1058(f)); or, an institution of higher education (as defined in section 101 of the HEA (20 U.S.C. 1001)) that awards degrees and certificates, more than 50 percent of which are not bachelor's degrees (or an equivalent), or master's, professional, or other advanced degrees.

Does not meet the definition in section 312(f) of the HEA (20 U.S.C. 1058(f) or, is not an institution of higher education (as defined in section 101 of the HEA (20 U.S.C. 1001)) that awards degrees and certificates, more than 50 percent of which are not bachelor's degrees (or an equivalent), or master's, professional, or other advanced degrees.

Project title: *

World area: * South Asia

Program officer:

Abstract

Insert the abstract for the approved project into the box below. (Limit 4,000 characters and spaces)

*

Characters and Spaces:

Subject Areas *

Please select no more than 40 Subject Areas most relevant to the project.

Hold down "ctrl" and click to make multiple selections.

Select all that apply

Area Studies

Assessment and Testing

Collaboration

Dissemination

Dissertation Research

Distance Learning

Evaluation

Foreign Language Across the Curriculum

Foreign Language Programs (Domestic)

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International and Foreign Language Education U.S. Department of Education Office of Postsecondary Education 1990 K Street, N.W., Washington, DC 20006-8521 Phone: (202) 502-7700

Submit Reports

Narratives

Budget

International Travel Approval Request

Create an international Travel Approval Request (TAR) for each individual. (A TAR is required if grant funds are supporting any cost associated with the travel, e.g., per diem, air fare, ground transportation.)

- Click the "Add a Travel Approval Request" button to create a TAR.
- IRIS will notify your program officer by email when the TAR is submitted.

Travel Requests

- Once the TAR is approved or disapproved, IRIS will send you an email with additional information from your program officer.
- Approved TARs can be updated and resubmitted to US/ED for review.

The TAR must be submitted to US/ED at least 30 days prior to the traveler's departure.

Action Name(s) **Status Submitted Date Approval Date FY Funds Travel Dates** Country **Purpose**

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Submit Reports

Narratives

Budget

Report Data

International Travel Approval Request (Submit 30 days in advance of travel)

Complete all required fields for each international traveler participating in project related activities.

Travel Requests

*	R	e	าน	ir	е	d	f	ie	ld	s

Project Info

Participant name:

Type of participant: * Select one

Add User

Purpose of travel: * Select one

Justification: * (limit 2000 characters)

Characters and Spaces:

Discipline / Field: Select

Country(ies): * Select one

Select one Select one

Select one

Select one

AORC funds requested: * \$

Fiscal year funds to be used: * 2012

(limit 2000 characters)

Detailed itemization of Title VI AORC funds e.g., travel, lodging, and meals and incidental expenses. Please refer to <u>GSA for domestic per diem rates</u> and <u>US Dept. of State for international rates</u>.

Characters and Spaces:		
Departure date:	*	(mm/dd/yyyy)
Return date:	*	(mm/dd/yyyy)
Comments: (limit 1000 characters)		

Characters and Spaces:

Participant's Departure Itinerary

Please include connecting flights.

d Flight	Airline and Number	To State or Country	To City	Arrival Date (mm/dd/yyyy)	From State or Country	From City	Departure Date (mm/dd/yyyy)

Participant's Return Itinerary

Please include connecting flights.

Departure Date (mm/dd/yyyy) From City	From State or Country	Arrival Date (mm/dd/yyyy) To City	To State or Country	Airline and Flight Number

* Please select from one of the following:

I certify that this travel request complies with the Fly America Act and/or <u>Open Skies agreement</u>. Grant funds are being used for overseas costs, excluding international travel.

Office of Postsecondary Education 1990 K Street, N.W., Washington, DC 20006-8521 Phone: (202) 502-7700