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TECHNOLOGICAL INNOVATION AND COOPERATION FOR FOREIGN INFORMATION ACCESS (TICFIA)

CFDA NUMBER: 84.337

IFLE REPORTING SYSTEM PROPOSED SCREENS

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Program: TICFIA Institution: Project: Award #: Project Director: World Area:	Grant Start Date: Grant End Date: Final Report Due Date: Amount:	Current Report Information Start Date: End Date: Due Date: Submit Date: Amount:
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Administrative			Reports			
Project Info	Additional User	Travel Requests	Select, View, Submit Reports	Narratives	Budget	Report Data

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.

*** 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: *

Primary world area:

* Latin America

Additional world areas:

Select all that apply

Africa

Asia

Canada

East Asia

Program officer:

■ **Abstract**

Insert the abstract for the approved project into the box below.

(Limit 4,000 characters and spaces)

*

Characters and Spaces:

Select the languages, countries, disciplines, and subject areas that apply to the project from the dropdown list below. Any entries already selected are displayed first.

■ **Languages ***

Please select no more than 40 languages most relevant to the project focus.

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

Select all that apply

Abkhaz

Abron

Aceh

Achinese (Achenese)

Acholi (Lou, Lango)

Afar

Afrikaans

Aja-Gbe

Akan (Twi-Fante)

■ **Countries ***

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

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

Select all that apply
United States of America
Afghanistan
Albania
Algeria
American Samoa
Andorra
Angola
Anguilla
Antigua and Barbuda

■ **Disciplines ***

Please select no more than 40 items.

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

Select all that apply
Accounting
Agriculture
Anthropology
Archaeology
Architecture/urban and regional planning
Area studies
Art/art history
Biological/life sciences
Business administration and management

■ **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

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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.
- 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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International Travel Approval Request

(Submit 30 days in advance of travel)

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

*** Required fields**

Group or individual: * Group Individual
 (If there is more than one participant, elaborate in the "Purpose of travel explanation.")

Number of participant(s) *

Participant name(s): *
 (limit 500 characters)

Travel to or from U.S.: * To From U.S.

TICFIA funds requested for travel: * In-Country International

Type of participant: * Select one

Purpose of travel: * Select one

Justification: * (limit 2000 characters)

Characters and Spaces:

Discipline / Field(s): Select
 Accounting
 Agriculture
 Anthropology
 Archaeology
 Architecture/urban and regional planning
 Area studies

Country(ies): * For travel to the U.S., select the country of departure.

Select one
 Select one
 Select one

Select one

Select one

TICFIA funds requested: * \$

Fiscal year funds to be used: * 2009

(limit 2000 characters)

Detailed itemization of Title VI TICFIA funds e.g., travel, lodging, and meals and incidental expenses. Please refer to [GSA for domestic per diem rates](#) and [US Dept. of State for international rates](#).

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.

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
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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
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* Please select from one of the following:

I certify that this travel request complies with the Fly America Act and/or [Open Skies agreement](#).

Grant funds are being used for overseas costs, excluding international travel.

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