# BUSINESS AND INTERNATIONAL EDUCATION (BIE)

CFDA NUMBER: 84.153A

# IFLE REPORTING SYSTEM PROPOSED SCREENS

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Program: BIE 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								
Projec	et Info	Add User	Travel Requests	Select, View, Submit Reports	Narratives	Buc	dget	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:	
Partner Web site:	
Home institution:	
Institution Type:	Select one

\* 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: \*

MSI 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: \* OMB No. 1840-0759 Expires xx/xx/xxxx

Primary world area:

\* Asia

Additional world areas:

Select all that apply

Africa Asia Canada East Asia

Program officer:

List agreement partners (limit 200 characters)

Characters and Spaces:

#### 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.

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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

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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

## **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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**Budget** 

Report Data

Submit Reports

Narratives

# 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** 

\* Required fields

Project Info

Group or individual: \* Group Individual

Add User

(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.

BIE funds requested for travel: \* In-Country International

Justification: \* (limit 2000 characters)

Characters and Spaces:

Discipline / Field(s): Select

Accounting Agriculture Anthropology Archaeology

Architecture/urban and regional planning

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

Select one Select one Select one

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Select one

Select one

BIE funds requested: \* \$

Fiscal year funds to be used: \* 2010

(limit 2000 characters)

Detailed itemization of Title VI BIE 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.

Departure

Date From State Arrival Date Airline and Flight

(mm/dd/yyyy) From City or Country (mm/dd/yyyy) To City To State or Country Number

#### Participant's Return Itinerary

Please include connecting flights.

Departure

Date From State Arrival Date Airline and Flight

(mm/dd/yyyy) From City or Country (mm/dd/yyyy) To City To State or Country Number

OMB No. 1840-0759 Expires xx/xx/xxxx

\* 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.

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