**Host Institution Project Proposal**

**Fulbright Specialist Program**

**About the Program**

The Fulbright Specialist Program (FSP), part of the larger Fulbright Program, was established in 2001 by the U.S. Department of State, Bureau of Educational and Cultural Affairs (ECA). The program is a field-driven initiative in which foreign host institutions conceptualize and design projects of interest within an eligible discipline that represent a priority for their respective organizations. These projects are then paired with a highly qualified U.S. academic or professional, who shares their expertise and assists with strengthening linkages between U.S. and foreign host institutions. Participating foreign host institutions benefit by:

* Gaining global perspectives from experienced U.S. academics and professionals;
* Executing projects that require a rapid response or flexible timeline through short-term, year-round exchanges; and
* Building sustained relationships with individuals and institutions in the U.S.

Before beginning an application for the Fulbright Specialist Program please contact AMINEF (American Indonesian Exchange Foundation) at [USSeniorScholar@aminef.or.id](mailto:USSeniorScholar@aminef.or.id) for country-specific details concerning eligible institutions, disciplines and activities, application deadlines, and required project components.

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| **SECTION I. CONTACTS** |
| **1. Name of Host Institution\*** |
| **2. Host Institution Street Address** (Street, City, State/Province, Postal Code)\* |
| **3. Host Institution Primary Contact Name\*** |
| **4. Host Institution Primary Contact Phone Number\*** |
| **5. Host Institution Primary Contact Email\*** |
| **6. Host Institution Secondary Contact Name** |
| **7. Host Institution Secondary Contact Phone Number** |
| **8. Host Institution Secondary Contact Email** |
| **SECTION II. DETAILS** |
| **1. Title of Project** (Limit 40 Characters)**\*** |
| **2. What Academic Field/Employment Sector is the focus of this project?\* (Please check the list on “*Panduan Pengisian Formulir”)*** |
| **3. What specializations within your Academic Field/Employment Sector best match the focus of your project?\* (Please check the list on “*Panduan Pengisian Formulir”)*** |
| **4. Within what department of your institution will the project take place? (e.g. Program Development, Human Resources, etc.)\*** |
| **5. What is the issue or challenge that you are trying to address with assistance from a Fulbright Specialist?\* (Limit of 500 words)** |
| **6. What are the primary objectives that you aim to achieve with the Fulbright Specialist?\***  **Objective 1\*:**  **Objective 2:**  **Objective 3:** |
| **7. Brief description of the proposed project activities, including a list of specific tasks that the Fulbright Specialist would carry out during his/her time with your institution. Please also include the type of individuals or audience that the Specialist would be working with (e.g. faculty/professionals, students, government officials, etc.).\*** (Limit of 1000 Words) |
| **8. How does this project align with your institution’s priorities and what do you believe will be the project’s overall impact on your institution? In addition, how will the project promote continued linkages between your institution and the Fulbright Specialist and his/her host institution following the return of the Fulbright Specialist to the U.S.?\*** (Limit of 500 words) |
| **Locations** |
| **1. Location 1 Name\*** |
| **2. Location 1 Street Address\*** |
| **3. Location 2 Name\*** |
| **4. Location 2 Street Address** \* |
| **SECTION III. TIMELINE** |
| **1. Is this a Multi-Visit (Serial) project? \***  **Yes  No**  **If yes, please describe the exact activities that will take place during each visit and provide a justification for why multiple visits are required in order to accomplish the project’s objectives.\*** |
| **Visit One** |
| **1. Desired Start Date for a Fulbright Specialist\***  mm/dd/yyyy |
| **2. Desired End Date for a Fulbright Specialist\***  mm/dd/yyyy |
| **3. Is there flexibility in the timing of the project outside of the dates that you selected above?\***  **Yes  No**  **Please describe why or why not?\*** |
| **Visit One Logistical Arrangements for Fulbright Specialist and Cost Share** |
| **1. Primary Point of Contact Name for All Accommodations for the Fulbright Specialist\*** |
| **2. Primary Point of Contact Phone Number\*** |
| **3. Primary Point of Contact Email\*** |
| **If the Primary Point of Contact for all cost share is different than the above individual, please provide that information.** |
| **1. Primary Point of Contact Name for All Cost Share** |
| **2. Primary Point of Contact Phone Number** |
| **3. Primary Point of Contact Email** |
| **Visit One Lodging** |
| **1. Lodging Name\*** |
| **2. Lodging Type\***  Choose an item. |
| **3. Lodging Website\*** |
| **4. Lodging Street Address\*** |
| **5. Lodging City\*** |
| **6. Lodging State/Province\*** |
| **7. Lodging Country\*** |
| **8. Lodging Postal Code\*** |
| **Please indicate the start and end dates that the above lodging is available.** |
| **1. Start Date that the Lodging is Available\***  mm/dd/yyyy |
| **2. End Date that the Lodging is Available\***  mm/dd/yyyy |
| **3. If the lodging is not available for the full duration of the Specialist’s stay, please describe the alternative lodging that you intend to arrange.\*** |
| **4. What is the estimated cost of the lodging in U.S. dollars?***\**  **Lodging cost per day: $..............**  **Number of days the Fulbright Specialist will stay there: ………..**  **Total cost: $..............** |
| **5. Is your institution able to fund the cost of the lodging?\***  **Yes  No** |
| **Visit One In-Country Transportation** |
| **1. Please describe the in-country transportation arrangements for the Fulbright Specialist.\*** |
| **2. What is the estimated cost of the in-country transportation in U.S. dollars?\***  **Transport cost per day: $...............**  **Number of days Fulbright Specialist will stay there: …………….**  **Total cost to be covered by the host institution: $..................** |
| **3. Is your institution able to fund the cost of the in-country transportation?\***  **Yes  No** |
| **Visit One Meals** |
| **1. Please describe the meal arrangements (three meals per day) for the Fulbright Specialist (e.g. cafeteria, restaurants, etc.). \*** |
| **2. What is the estimated cost of the meals in U.S. dollars?\*** *If expenses will be covered in-kind, please provide estimates for accounting purposes.*  **Expenses for 3 meals per day: $...............**  **Number of days Fulbright Specialist will stay there: …………….**  **Total expenses to be covered by the host institution: $..................** |
| **3. Is your institution able to fund the cost of the meals?\***  **Yes  No** |
| **Visit One Airport Pick-Up and Drop-Off** |
| **1. What airport in your country do you recommend that the Fulbright Specialist travel to and from?\*** |
| **2. Please describe the arrangements for the Specialist’s arrival and pick-up from the airport.\*** |
| **SECTION IV. SPECIALIST** |
| **1. Will any project activities require that the Fulbright Specialist be proficient in a language other than English?\***  **Yes  No**  **If yes, please indicate the required language and level of proficiency according to the**[**U.S. Department of State’s Language Proficiency Definitions**](https://careers.state.gov/gateway/lang_prof_def.html)**.**  **Name of Language:**  **Reading Level:** Choose an item.  **Writing Level:** Choose an item.  **Speaking Level:** Choose an item. |
| **2. What specific qualifications, professional experience or specific skills would be helpful for a Fulbright Specialist to have in order to successfully implement the proposed project? (Limit of 500 words)\*** |
| **Named Specialist** |
| **1. Have you pre-identified an individual you propose to serve as the Fulbright Specialist for your project?\***  **Yes  No**  *If no, skip to Section V. Survey.* |
| **2. If yes, please provide the following information.\***  **First Name:**  **Last Name:**  **Name of Institution:**  **Position Title:**  **Email Address:**  **Phone Number:** |
| **3. Is this individual already on the Fulbright Specialist Roster?**  **Yes  No  I don’t know.** |
| **4. How did you identify this individual? Please describe.\***  Choose an item. |
| **5. When did you identify this individual? Please describe.\*** |
| **6. Has your organization previously engaged with this individual?\***  **Yes  No**  **If so, in what capacity?\*** |
| **7. Why do you believe that this individual is qualified and well suited to serve as a Fulbright Specialist with your project?\*** |
| **8. Although you have already identified a potential individual to serve as a Fulbright Specialist, would you be interested in receiving additional information about other qualified individuals who may be well suited to your project?\***  **Yes  No** |
| **SECTION V. SURVEY** |
| **1. How did you learn about the Fulbright Specialist Program?\***                If other, please specify: Click here to enter text. |
| **2. Institution Type**              If other, please specify: Click here to enter text. |
| **SECTION VI. SUBMIT** |
| **Certification of Authenticity: By checking this box, I certify that all of the information provided in this application is accurate and complete, and all responses, including essays, represent my own work and not that of any other individual or source.** |