

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 Dora Reis Arenga, Program Officer, at the **Fulbright Commission in Portugal** at darenga@fulbright.pt for country-specific details concerning eligible institutions, disciplines and activities, application deadlines, and required project components.

Instructions for Completing the Project Proposal

The below application is comprised of six different sections including: Contacts, Details, Timeline, Specialist, Survey and Submit. Required fields are indicated by an asterisk (*). All required fields must be completed prior to submitting your application. Please adhere to all character or word limits that are detailed below for specific questions.



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?* <i>Please refer to the list of eligible Academic Fields/Employment Sectors at the end of this document and select ONE.</i>
3. What specializations within your Academic Field/Employment Sector best match the focus of your project? (Please select up to five specializations)* <i>Please refer to the list of eligible Specializations within each Academic Field/Employment Sector at the end of this document.</i>
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)



<p>6. What are the primary objectives that you aim to achieve with the Fulbright Specialist?*</p> <p>Objective 1*:</p> <p>Objective 2:</p> <p>Objective 3:</p>
<p>7. Please provide a 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)</p>
<p>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)</p>
<p>Locations</p> <p><i>Please list the location(s) where the Fulbright Specialist would conduct their work (e.g. the primary location of your institution, multiple sites around the country, etc.). Please be specific and include the exact addresses where the majority of work will occur. With the exception of projects falling under a trilateral grant initiative, Fulbright Specialist projects are restricted to one country. All project activities must take place in the country requesting the project. If the project will take place in multiple locations, please provide the requested information for each location.</i></p>
<p>1. Location 1 Name*</p>
<p>2. Location 1 Street Address (Street, City, State/Province, Country, Postal Code)*</p>
<p>3. Location 2 Name</p>



4. Location 2 Street Address (Street, City, State/Province, Country, Postal Code)**SECTION III. TIMELINE**

In general, all projects designed by host institutions must adhere to the below eligibility requirements.

Length of project: *The length of a Fulbright Specialist project must be a minimum of 14 days and a maximum of 42 days, including travel days, weekends, and holidays.*

Multi-Visit (Serial) projects: *A Multi-Visit project is one in which a Specialist conducts more than one visit to the host institution for the purpose of necessary program evaluation or follow-up. If a project is approved to be Multi-Visit, all visits must occur within a one-year period, which is calculated by adding 12 months from the initial start date of the first visit through the end date of the final visit.*

- *A Multi-Visit project cannot include more than three visits in total, and all visits must not exceed six weeks (42 days) in total. In addition, each visit must be a minimum of 14 days.*
- *Please note that the majority of approved projects are not Multi-Visit, and project proposals should provide a strong justification for why more than one visit is necessary to achieve project outcomes.*

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.* *Please also complete the sections for visit two and visit three (as applicable) below.*

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?* Please note that preference may be given to projects that have flexibility due to needing adequate time for administrative processing of project proposals. In addition, if your project has greater flexibility with timing, you may have more Specialist candidates to select from as they may require flexibility due to their other professional obligations.

Visit One Logistical Arrangements for Fulbright Specialist and Cost Share

In general, host institutions should be prepared to provide the Specialist with lodging, meals, and in-country transportation, either through monetary or in-kind contributions, throughout their full stay in country. However, if your institution is unable to cover these costs, in certain countries, there may be limited funding available to support these expenses. Please contact the local [Fulbright Commission](#) or [U.S. Embassy](#) in your country for more information.

No additional funding is available from the [Fulbright Commission in Portugal](#).

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
<p>Please describe the type of lodging that you would arrange for the Fulbright Specialist. Please note that all lodging accommodations must be made in advance of the Specialist's travel. If the Specialist will be paid directly for their lodging accommodations, please indicate the amount to be paid per day for lodging.</p>
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? *If expenses will be covered in-kind, please provide estimates for accounting purposes.*

5. Is your institution able to fund the cost of the lodging?

Yes No

If your institution is unable to fund the cost of the lodging, limited funding may be available depending on your country. For questions, please contact the [Fulbright Commission or U.S. Embassy](#) in your country.

No additional funding is available from the [Fulbright Commission in Portugal](#).

Visit One In-Country Transportation

1. Please describe the in-country transportation arrangements for the Fulbright Specialist. The arrangements should include transit to and from the Specialist's lodging and project site, as well as other local daily travel (e.g. restaurants, markets, grocery stores, pharmacy, etc.). If the Specialist will be paid directly for the transportation expenses, please indicate the amount to be paid.

2. What is the estimated cost of the in-country transportation in U.S. dollars? *If expenses will be covered in-kind, please provide estimates for accounting purposes.*

3. Is your institution able to fund the cost of the in-country transportation?

Yes No

If your institution is unable to fund the cost of in-country transportation, limited funding may be available depending on your country. For questions, please contact the [Fulbright Commission or U.S. Embassy](#) in your country.

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Visit One Meals
<p>1. Please describe the meal arrangements (three meals per day) for the Fulbright Specialist (e.g. cafeteria, restaurants, etc.). If the Specialist will be paid directly for the meals, please indicate the amount to be paid.</p>
<p>2. What is the estimated cost of the meals in U.S. dollars? <i>If expenses will be covered in-kind, please provide estimates for accounting purposes.</i></p>
<p>3. Is your institution able to fund the cost of the meals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If your institution is unable to fund the cost of meals, limited funding may be available depending on your country. For questions, please contact the Fulbright Commission or U.S. Embassy in your country.</i></p> <p><i>No additional funding is available from the Fulbright Commission in Portugal.</i></p>
Visit One Airport Pick-Up and Drop-Off
<p>1. What airport in your country do you recommend that the Fulbright Specialist travel to and from?*</p>
<p>2. Please describe the arrangements for the Specialist's arrival and pick-up from the airport, including the name of the person that would greet the Specialist. In addition, please provide any special notes or instructions that would assist the Specialist in preparing for his or her arrival.*</p>



Visit Two (Only Complete if Multi-Visit Project)
<p>1. Desired Start Date for a Fulbright Specialist*</p> <p>mm/dd/yyyy</p>
<p>2. Desired End Date for a Fulbright Specialist*</p> <p>mm/dd/yyyy</p>
<p>3. Is there flexibility in the timing of the project outside of the dates that you selected above?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please describe why or why not?* <i>Please note that preference may be given to projects that have flexibility due to needing adequate time for administrative processing of project proposals. In addition, if your project has greater flexibility with timing, you may have more Specialist candidates to select from as they may require flexibility due to their other professional obligations.</i></p>
Visit Two Logistical Arrangements for Fulbright Specialist and Cost Share
<p><i>In general, host institutions should be prepared to provide the Specialist with lodging, meals, and in-country transportation, either through monetary or in-kind contributions, throughout their full stay in country. However, if your institution is unable to cover these costs, in certain countries, there may be limited funding available to support these expenses. Please contact the local Fulbright Commission or U.S. Embassy in your country for more information.</i></p> <p><i>No additional funding is available from the Fulbright Commission in Portugal.</i></p>
<p>1. Primary Point of Contact Name for All Accommodations for the Fulbright Specialist*</p>
<p>2. Primary Point of Contact Phone Number*</p>
<p>3. Primary Point of Contact Email*</p>
<p>If the Primary Point of Contact for all cost share is different than the above individual, please provide that information.</p>



1. Primary Point of Contact Name for All Cost Share
2. Primary Point of Contact Phone Number
3. Primary Point of Contact Email
Visit Two Lodging
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2. Lodging Name
3. Lodging Type Choose an item.
4. Lodging Website
5. Lodging Street Address
6. Lodging City
7. Lodging State/Province
8. Lodging Country
9. 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? *If expenses will be covered in-kind, please provide estimates for accounting purposes.*

5. Is your institution able to fund the cost of the lodging?

Yes No

~~*If your institution is unable to fund the cost of the lodging accommodations, limited funding may be available depending on your country. For questions, please contact the [Fulbright Commission or U.S. Embassy](#) in your country.*~~

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Visit Two In-Country Transportation

1. Please describe the in-country transportation arrangements for the Fulbright Specialist. The arrangements should include transit to and from the Specialist's lodging and project site, as well as other local daily travel (e.g. restaurants, markets, grocery stores, pharmacy, etc.). If the Specialist will be paid directly for the transportation expenses, please indicate the amount to be paid.

2. What is the estimated cost of the in-country transportation in U.S. dollars? *If expenses will be covered in-kind, please provide estimates for accounting purposes.*

3. Is your institution able to fund the cost of the in-country transportation?

Yes No



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Visit Two Meals

1. Please describe the meal arrangements (three meals per day) for the Fulbright Specialist (e.g. cafeteria, restaurants, etc.). If the Specialist will be paid directly for the meals, please indicate the amount to be paid.

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.

3. Is your institution able to fund the cost of the meals?

Yes No

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Visit Two Airport Pick-Up and Drop-Off

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Visit Three (Only Complete if Multi-Visit Project)
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?* <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe why or why not?* <i>Please note that preference may be given to projects that have flexibility due to needing adequate time for administrative processing of project proposals. In addition, if your project has greater flexibility with timing, you may have more Specialist candidates to select from as they may require flexibility due to their other professional obligations.</i>
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3. Primary Point of Contact Email
Visit Three Lodging
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3. Lodging Type Choose an item.
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8. Lodging Country
9. 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? *If expenses will be covered in-kind, please provide estimates for accounting purposes.*

5. Is your institution able to fund the cost of the lodging?

Yes No

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Visit Three In-Country Transportation

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2. What is the estimated cost of the in-country transportation in U.S. dollars? *If expenses will be covered in-kind, please provide estimates for accounting purposes.*

3. Is your institution able to fund the cost of the in-country transportation?

Yes No



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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](#).

Name of Language:

Reading Level: Choose an item.

Writing Level: Choose an item.

Speaking Level: Choose an item.

2. What qualifications, professional experience or specific skills would be helpful for a Fulbright Specialist to have in order to successfully implement the proposed project? Please be as specific as possible to support the identification of appropriate Specialists. (Limit of 500 words)*

Named Specialist

1. Have you pre-identified an individual you propose to serve as the Fulbright Specialist for your project?* *Please note that you are NOT required to identify an individual to serve as the Fulbright Specialist. If no individual is identified, World Learning will match the project with a qualified individual from the Fulbright Specialist Roster.*

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?*

- Fulbright Specialist Program Website
- U.S. Embassy/ Consulate



- Fulbright Commission
- Colleague, Friend, or Family
- Conference
- An institution that previously hosted a Fulbright Specialist
- Other

If other, please specify: [Click here to enter text.](#)

2. Institution Type

- Institution of Higher Education
- Government Institution
- Cultural Institution
- Non-Governmental Institution
- Medical Institution
- Other

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.

