

NEH Awards for Faculty Acceptance Form

OMB No. 3136-0134

EXP. 7/31/18

You must accept or decline the offer of a 2018-2019 NEH Award for Faculty **no later than February 16, 2018.**

To accept the award, please complete, sign, and return the acceptance form to the **NEH Awards for Faculty Program** by either scanning and e-mailing it to facultyawards@neh.gov or faxing it to **(202) 606-8204** by the deadline.

Application Number

Name

Social Security Number

Mailing Address

Home Phone

Office Phone

E-mail address

5. Award for Faculty Tenure Period (Note: Tenure automatically begins on the first day of your initial month and ends on the last day of your final month.) *Indicate the amount of time (month/year) you'll be working on your NEH project for each block of time.*

From full time half time other

Through

From full time half time other

Through

From full time half time other

Through

From full time half time other

Through

From full time half time other

Through

From full time half time other

Through

From _____ o full time o half time o other
Through _____
Number of months covered _____

6. How would you like the stipend paid? *Choose only one option.*

- Direct deposit payments into **your bank account** through Automated Clearing House (ACH).
- Direct deposit payments into the **account of your employing institution** through Automated Clearing House (ACH).

7. Do you need your first payment *early*? No Yes

8. Do you need a *larger* first payment? No Yes

Additional amount requested _____

Reason for a larger first payment _____

IMPORTANT: This acceptance form does NOT request banking information for direct deposit of your award payments. Once NEH receives your completed and signed acceptance form, you will be sent an award letter that includes instructions for submitting your banking information to NEH.

9. Acceptance and Certification

I accept the offer of an award and agree to comply with the conditions governing it as set forth in the *NEH Awards for Faculty Terms and Conditions*. I certify that the information submitted in this form is true and correct to the best of my knowledge and that any changes or additions will be promptly reported to NEH.

Please print, manually sign, and either scan and email this form to facultyawards@neh.gov or fax it to (202) 606-8204.

Signature

Date

Paperwork Burden: NEH estimates the average time to complete this form is one hour per response. This estimate includes the time for reviewing the instructions for this form, gathering the necessary data, and entering the data on the form. Please send any comments regarding this estimated completion time or any other aspect of the form, including suggestions for reducing completion time, to the Chief Guidelines Officer, at Guidelines@neh.gov, Office of Publications and Public Affairs, National Endowment for the Humanities, Washington, D.C. 20506; and to the Office of Management and Budget, Paperwork Reduction Project (3136-0134), Washington, D.C. 20503. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.