# OFFICE OF GRADUATE STUDIES AND RESEARCH
# RESEARCH SERVICES COUNCIL
# 2013-14 FACULTY AND GRADUATE STUDENT GRANT PROGRAMS

## ---COVER PAGE---

**PLEASE COMPLETE ALL ITEMS**

**Principal Investigator:** _____ **NUID:** _____

**Address:** _____ **E-Mail:** _____

**Title of Project:** _____

_____

**Department:** _____ **Telephone No:** _____

**Co-Investigator(s) or Faculty Mentor:** _____

| Category of Funding Request | Maximum Allowed | Amount Requested |
|---|---|---|
| Mini-Grant | $2000 | $_____ |
| Scholarly Release Program | TBD | $ _____ |
| Summer Scholarly Activity | $3000 + student wages | $_____ |
| University Research & Creative Activity | $4000 + student wages | $_____ |
| Collaborative Grant | $5000 | $_____ |
| Graduate Student Research | $750 | $_____ |
| Graduate Student Research-Travel **(original)** | $300 | $_____ |

**Are Human or Animal Subjects Involved in the Project?** Human ☐ Yes ☐ No Animal ☐ Yes ☐ No

**IRB Approval:**
☐ Yes _____date
☐ Pending _____date submitted
☐ No

**IACUC Approval:**
☐ Yes _____date
☐ Pending _____date submitted
☐ No

**Does the project involve the use of hazardous materials (flammable, corrosive, reactive or toxic chemicals)?**
☐ Yes ☐ No

**SIGNATURES:** **DATE:**

_____ _____
Department Chair (indicates approval and support of proposal)

_____ _____
College Dean (indicates approval and support of proposal)

_____ _____
RSC College Representative (indicates proposal is complete)

**APPROVED FOR FUNDING:** **AMOUNT:** _____

_____ _____
Dean, Graduate Studies & Research Date

**SUBMITTAL:** Please see instructions regarding electronic and paper submission options.
***Attach an Abstract (maximum of 150 words) to this cover page.***

**Principal Investigator** (Last, First, Middle): _____

## BUDGET SECTION

(NOTE: All budget requests must be fully explained in the Budget Narrative)

**Applicants should consult Program Guidelines to determine budget categories supported by specific programs.**

**BUDGET ITEMS:**

| | Funding Source(s) | | | | |
|---|---|---|---|---|---|
| | **RSC** | **College** | **Dept.** | **Other*** | **Line Total** |
| **A. Student Wages** | | | | | |
| Student Hourly Assistant (check with Human Resources for current pay rate) | _____ | _____ | _____ | _____ | _____ |
| **B. Operating** | | | | | |
| Operating/Supplies | _____ | _____ | _____ | _____ | _____ |
| Consultant Fees/ Honorarium | _____ | _____ | _____ | _____ | _____ |
| **Subtotal Operating:** | _____ | _____ | _____ | _____ | _____ |
| **C. Travel** | | | | | |
| Transportation | _____ | _____ | _____ | _____ | _____ |
| Lodging | _____ | _____ | _____ | _____ | _____ |
| Meals | _____ | _____ | _____ | _____ | _____ |
| **Subtotal Travel:** | _____ | _____ | _____ | _____ | _____ |
| **D. Equipment** | _____ | _____ | _____ | _____ | _____ |
| **Column TOTALS:** | _____** | _____ | _____ | _____ | _____ |

**TOTAL PROJECT COST:** _____

*** Specify other funding sources:** _____

****Enter this amount on Cover Page**

**Principal Investigator** (Last, First, Middle): _____

# BUDGET NARRATIVE

**Please explain why each budget item requested is necessary for the successful completion of the project and, when appropriate, how the amount was determined (e.g. hourly salary, per diem, mileage). Attach additional pages, if necessary, to complete narrative.**

**BUDGET ITEMS:**

**A. Student Wages:** (not allowed in graduate student proposals)

Student Assistant: (*Check with Human Resources for current pay rate*)

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**B. Operating:**

Operating/Supplies: (*Please itemize - attach separate sheet if necessary*)

Consultant Fee/Honorarium:

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**C. Travel:**

Dates: *(Please list anticipated dates and destination)*

Transportation: *(Please itemize)*

Lodging: (*Please itemize*)

Meals: (*Please itemize – limited to University per diem)*

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**D. Equipment:** (*Non-consumable items exceeding $500 - please itemize and include bids*)

**Principal Investigator** (Last, First, Middle): _____

## PREVIOUS PROJECTS FUNDED BY RSC

(Not required of Graduate Student Proposals)

Please list all RSC research/creative activity grants received by the Applicant(s) in the last five (5) years; describe external funding that resulted from the project, and list resulting publications and presentations. Copy this page for additional listing, if necessary.

***Please check one:*** ☐ **No Previous Support**

☐ **Previous Support** (List below)

**Project Title:** _____ **Year:** _____

**Resulting External Funding**

**Resulting Publications/Presentations**

**Final Report Submitted: Yes** ☐ **No** ☐

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**Project Title:** _____ **Year:** _____

**Resulting External Funding**

**Resulting Publications/Presentations**

**Final Report Submitted: Yes** ☐ **No** ☐

***PLEASE ATTACH COMPLETE PROJECT NARRATIVE AS REQUESTED IN PROGRAM DESCRIPTION***