

REQUIRED COVER PAGE

APPLICATION FOR FACULTY RESEARCH GRANT

**All questions must be completed to be considered for grant award.

Choose one: <input type="checkbox"/> Creative Activity <input type="checkbox"/> Research Activity	Application Deadline Date: _____ (i.e. October 1 or February 3) Date of Last FRG Award (Semester and Year awarded): _____ Date of ATU Faculty Appointment (Semester and Year): _____
--	---

1. **Project Title:** _____

2. **Name of Principal Investigator/Project Director:** _____

3. **School (abbrev):** _____ 4. **Department:** _____ 5. **Campus Mail Address:** _____

6. **PI/PD Campus Phone:** _____ 7. **Amount Requested: \$** _____ 8. **Total Cost of Project: \$** _____

9. **Will total funds awarded be expended by June 30th of the current fiscal year:** Yes _____ No _____

10. **If not, what is the total to be expended this fiscal year: \$** _____

11. **What is the total to be carried over to the next fiscal year: \$** _____ (if approved by the VPAA)

12. **Project Completion Date:** _____ 13. **Travel Dates:** _____
(if applicable)

14. **Does this project involve:**

Yes No

human subjects?

animals/animal care facility?

radioactive materials?

hazardous materials?

biological agents or toxins restricted by the USA Patriot Act?

copyright or patent potential?

utilization of space **not** currently available to the PI/PD?

the purchase of equipment/instrumentation/software currently **available** to the PI/PD?

NOTE: If the answer is "yes" to any of the above questions, the investigator must attach appropriate documentation of approval or justification for use/purchase.

SIGNATURES

Department Contribution (if applicable): \$ _____

Account Number: _____

Chairperson

Date

School Contribution (if applicable): \$ _____

Account Number: _____

Dean

Date

This Section to be completed by the Office of Academic Affairs

Previous FRG Award final report received: Yes _____ No _____

FSBA Committee Award Recommendation: Yes _____ No _____

FSBA Committee Proposal Rank: _____ of _____ Total Proposals.

Recommendation of VPAA: Yes _____ No _____ Recommendation of President: Yes _____ No _____

Award Date: _____

PROPOSED BUDGET FACULTY RESEARCH GRANT

1. Travel (please list expenditures broken down for the length of the trip: e.g., hotel =\$90x5=\$450):

Dates of Travel:

Airfare (include carrier and flight information): _____

Hotel: _____

Meals for Duration of Travel: _____

Mileage Reimbursement = 42 cents/mile: _____

Incidentals 1(_____): _____

Incidentals 2(_____): _____

Total Estimated Travel Expenses:

\$ _____

Currently Approved Per Diem Rates are on a city by city basis. Please check specific cities for appropriate meal allowances through the GSA Reimbursement Website:

<http://gsa.gov/portal/category/104711>

2. Graduate assistant stipend _____

Fringe benefits: salary X 0.0003 _____

3. Non-work study stipend _____

Fringe benefits: salary X 0.0003 _____

4. Development Supplies (please list items to be purchased and estimated price per item including taxes and shipping, if appropriate)*:

Item No. 1 (e.g., software)	Estimated Price	_____
-----------------------------	-----------------	-------

Item No. 2 (e.g., copying costs)	Estimated Price	_____
----------------------------------	-----------------	-------

Item No. 3	Estimated Price	_____
------------	-----------------	-------

Item No. 4	Estimated Price	_____
------------	-----------------	-------

Total estimated Development Supplies:		\$ _____
--	--	----------

5. Capital Outlay (please list items to be purchased and estimated price per item including taxes and shipping, if appropriate)*:

Item No. 1	Estimated Price	_____
------------	-----------------	-------

Item No. 2	Estimated Price	_____
------------	-----------------	-------

Item No. 3	Estimated Price	_____
------------	-----------------	-------

Total estimated Capital Outlay:		\$ _____
--	--	----------

*Items purchased under \$5,000 (including taxes and shipping) are considered supply items. Capital Outlay items are those which cost \$5,000 (per item) or more (including taxes and shipping). Please contact the Purchasing Office for questionable items.

6. TOTAL PROPOSED BUDGET		\$ _____
---------------------------------	--	----------