

APPLICATION FOR SENATE SCHOLARLY ACTIVITIES COMMITTEE RESEARCH/CREATIVE ACTIVITY GRANT

Name _____ Date _____

Position _____ University Telephone _____

Department _____ University Address _____

Year of Appointment at UND _____

Highest Degree Held _____ Institution _____ Year _____

Will your project involve the use of any of the following? If yes, what is the status of review by the appropriate University committee? Please check the appropriate boxes.

Submitted Approved Pending

- Animals (Animal Care and Use Committee)
- Biohazards or Recombinant DNA (Institutional Biosafety Committee)
- Human Subjects (Institutional Review Board)
- Radioactive Materials (Radiation Safety Committee)

Title of Project:

Proposed Project Dates (one year maximum) Start: _____ End: _____

Amount Requested _____ Type of Application New Continuation

I have reviewed the Guidelines for Senate Scholarly Activities Committee research/creative activity grants and agree to abide by them.

Signature of Applicant

I have reviewed this proposal, find that it is in accord with the goals and objectives of the department, and recommending.

Signature of Department Chair

I have reviewed this proposal, find that it is in accord with the goals and objectives of the college, and recommend funding.

Signature of Dean of College

DIRECTIONS: Answer all questions, giving the specific information in the space provided. Submit the original application to the UND Office of the Vice President for Research & Economic Development, 103 Twamley Hall, Stop 8367, and email as a single pdf to vpr@research.UND.edu.

A. Awards received from the Senate Scholarly Activities Committee (SSAC) during the past five academic years (extra pages may be added if necessary):

<u>Month/Year of Award</u>	<u>Amount</u>	<u>Type</u>			<u>Final Report Filed</u>	
		<u>Res./Cr.Ac.</u>	<u>Travel</u>	<u>Publication</u>	Yes	No
_____	_____				Yes	No
_____	_____				Yes	No
_____	_____				Yes	No
_____	_____				Yes	No
_____	_____				Yes	No
_____	_____				Yes	No

B. For each previous SSAC research/creative activity grant listed above, briefly indicate the outcome (e.g., subsequent grant proposals submitted/accepted/rejected, papers written/presented, creative performances, etc.)

C. Please list information regarding the two most recent grant proposals you have submitted to external funding agencies. If none, please indicate "none."

Agency: _____

Agency: _____

Amount: _____

Amount: _____

Title: _____

Title: _____

Current Status: _____

Current Status: _____

Dates: _____

Dates: _____

D. Indicate current research/creative activity support below, including all start-up funding.

Agency: _____

Agency: _____

Amount: _____

Amount: _____

Title: _____

Title: _____

Current Status: _____

Current Status: _____

Dates: _____

Dates: _____

E. List your five most relevant publications or other scholarly activities by providing complete citations. Indicate by an asterisk those which are clearly related to this project.

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F. Cite your five most recent publications or creative activities.

I. DESCRIPTION OF PROPOSED ACTIVITY:

A. Specific objectives.

B. The procedure you expect to follow. (Be specific, minimize technical jargon.)

C. Describe the facilities required for this project.

D. The significance of the project or anticipated outcomes.

II. BACKGROUND INFORMATION

A. What previous work have you done on this project, or work that is pertinent to it?

B. Cite no more than five relevant publications or creative activities of others. (Include the complete citation.)

C. What results have been obtained by others?

D. What is the current status of this study? (New, half-completed, etc.)

E. How long it will take to complete the study?

F. What plans do you have for publication or other utilization of your results?

G. Will you conduct the investigation yourself? Yes No

Will you work with co-investigators? Yes No

If there will be a co-investigator(s), please list. (If paid from the grant, show in proposed budget.)

Names:

H. Will you supervise the work of others? Yes No

(If yes, please provide names, titles, and responsibilities).

I. Will students use the project toward a thesis or dissertation? Yes No

For those activities that will be used toward a thesis or dissertation, an explanation of the relationship of the proposed work to the Principal Investigator's research/creative activity must be included.

J. Will this work be used by you in obtaining an advanced degree? Yes No

If yes, provide the following information.

Degree _____ Year Expected _____

Granting Institution _____

K. Will this project, if funded, serve as a pilot study for a project that might later receive support from a federal agency or national foundation? Yes No

If yes, possible funding sources:

L. Do you currently have external or internal funding to conduct this research or creative project? If so, please list the funding source(s).

Yes No

Agency _____ Amount _____

Title _____

Agency _____ Amount _____

Title _____

Agency _____ Amount _____

Title _____

M. Have you requested, do you have pending, or intend to request, funds from external or other internal sources for this project? (If so, list granting agency, amount, and title of project.)

Yes No

Agency _____ Amount _____

Title _____

Agency _____ Amount _____

Title _____

Agency _____ Amount _____

Title _____

III. FINANCIAL REQUIREMENTS

A. Proposed budget. Itemize in the following table. All items must be clearly related to the research/creative activity. If there are unusual items in your budget, please justify. If you are requesting funding for equipment, indicate the specific importance of the equipment to your project. Also, if the equipment is already available in your department, justify your need for purchasing additional equipment. The maximum amount allowed for Research/Creative Activity Awards is \$2,500.

	BUDGET ELEMENT	REQUESTED AMOUNT	APPLICANT CONTRIBUTIONS	TOTAL
A.	PERSONNEL EXPENSES:			
	Salaries and Wages - Support Staff			
	Fringe Benefits			
	TOTAL PERSONNEL EXPENSES			
B.	OPERATING EXPENSES:			
	Travel (Domestic)			
	Travel (Foreign)			
	Communications			
	Insurance			
	Data Processing			
	Office Supplies			
	Fees			
	Instructional			
	General			
	TOTAL OPERATING EXPENSES			
C.	EQUIPMENT			
	Equipment < \$5000			
	Equipment > \$5000			
	TOTAL EQUIPMENT COSTS			
	TOTAL COSTS			

B. Budget justification/explanation.