**FACULTY DEVELOPMENT GRANT PROPOSAL**

Application Round I--July 1 – December 31  II--January 1 – June 30

Please submit completed form through your dean/director to the Office of Academic Affairs.  
If you have any questions, call 786-1462.

Name(s): Click here to enter text. Department: Click here to enter text.  
 Telephone: Click here to enter text.   
Rank: Click here to enter text. School/College: Click here to enter text.  
Email: Click here to enter text. Bipartite/Tripartite: Choose an item.

Title of Project: Click here to enter text.

Objectives to be accomplished during this grant request round: Click here to enter text.

Duration of Project \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ Duration of Salary Support\_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

(if applicable)

Continuation of previous grant activity? Select Yes/No

If yes, please describe project name and portion/stage of work already completed:

Click here to enter text.

Identify other financial support for this activity from your school, department, or other sources:

Click here to enter text.

List the titles of past UAA proposals and the amount funded by Research Travel Grants, Faculty Development,

and/or sabbatical leave: Click here to enter text.

Was a report submitted to Academic Affairs? Yes/No Vita Attached? Yes/No

If “No”, the report for previous funding must be submitted to Academic Affairs before one is eligible for additional funding.

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| --- | --- | --- | --- |
| Funding Level Required | Faculty Member No. 1 | Faculty Member No. 2 | Faculty Member No. 3 |
| Salary – (1605) | $0.00 | $0.00 | $0.00 |
| Benefits – (1970) | $0.00 | $0.00 | $0.00 |
| Total Personal Services – (1000) | $0.00 | $0.00 | $0.00 |
| Previous award in this FY | $0.00 | $0.00 | $0.00 |
| Travel – (2000) | $0.00 | $0.00 | $0.00 |
| Previous award in this FY | $0.00 | $0.00 | $0.00 |
| Contractual – (3000) | $0.00 | $0.00 | $0.00 |
| Previous award in this FY | $0.00 | $0.00 | $0.00 |
| Commodities – (4000) | $0.00 | $0.00 | $0.00 |
| Previous award in this FY | $0.00 | $0.00 | $0.00 |
| SUBTOTAL: 1000 + 3000 (max $3,000) | $0.00 | $0.00 | $0.00 |
| SUBTOTAL: 2000 + 4000 (max $2,000) | $0.00 | $0.00 | $0.00 |
| TOTAL | $0.00 | $0.00 | $0.00 |

Dean/Extended College Director Signature Date

**ABSTRACT (no more than 100 words, minimum 10 pt font)**

Please provide an abstract and other information as indicated in the space below. This abstract will become public information, disseminated by the Office of Academic Affairs, if the proposal is funded. Do not type outside the boxed space. [Note: an ideal abstract or summary will contain about one sentence each: overall rationale, specific purpose, method, anticipated outcome, implications]

|  |
| --- |
| Project Title: Click here to enter text.  Funding period: / / to / / ; Amount: $Click here to enter text.  Principal investigator: Click here to enter text.  Location: Click here to enter text.  Phone: Click here to enter text. Fax: Click here to enter text.  Collaborators: Click here to enter text.  Summary:  Click here to enter text. |