

**COVER SHEET FOR FACULTY DEVELOPMENT GRANT PROPOSAL**

Please submit completed form as top page of grant proposal through your Dean/Director to the Office of Academic Affairs.

Name(s) \_\_\_\_\_ Department \_\_\_\_\_  
 \_\_\_\_\_ Telephone \_\_\_\_\_  
 Rank \_\_\_\_\_ School/College \_\_\_\_\_  
 Email \_\_\_\_\_  
 Title of Project \_\_\_\_\_

Objectives to be accomplished during this grant request round \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Summer session teaching appointment? Yes [ ] No [ ] Continuation of previous grant activity? Yes [ ] No [ ]

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

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

List the titles of past UAA proposals and the amount funded by Research Travel Grants, Faculty Development, and/or sabbatical leave \_\_\_\_\_  
 \_\_\_\_\_

Were the results presented to the Provost? Yes [ ] No [ ] Vita Attached? Yes [ ] No [ ]

| Funding Level Required           | Faculty Member No.<br>1 | Faculty Member No.<br>2 | Faculty Member No.<br>3 |
|----------------------------------|-------------------------|-------------------------|-------------------------|
| Total Personal Services – (1000) |                         |                         |                         |
| Salary – (1605)                  |                         |                         |                         |
| Benefits – (1970)                |                         |                         |                         |
| \$ awarded this FY               |                         |                         |                         |
| Travel – (2000)                  |                         |                         |                         |
| \$ awarded this FY               |                         |                         |                         |
| Contractual – (3000)             |                         |                         |                         |
| \$ awarded this FY               |                         |                         |                         |
| Commodities – (4000)             |                         |                         |                         |
| \$ awarded this FY               |                         |                         |                         |
| SUBTOTAL: 1000 + 3000            |                         |                         |                         |
| SUBTOTAL: 2000 + 4000            |                         |                         |                         |
| <b>TOTAL</b>                     |                         |                         |                         |

\_\_\_\_\_  
 Dean/Extended College Director Signature

\_\_\_\_\_  
 Date

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. Use minimum 10-point size font. 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:

Funding period:     /     /     to     /     /     ; Amount: \$

Principal investigator:

Location:

Phone:

Fax:

Collaborators:

Summary: