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| **ITEM I COVER PAGE** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | Date |  | | |
|  | Last First Middle Initial | | | | | | | |  | (mm/dd/yy) | | |
|  | | | | | | | | | | | | |
| **Attachments** | | | | | | | | | | | | |
| Required  Project Description (6 page maximum)  Budget (2 page maximum) | | | | | | Project Director’s Background and Vita relevant to this grant (2 page maximum per PI) | | | | | | |
| Other (check all that apply)  Letters of Recommendation  Travel Costs  Course Description | | | | | | Presentation Letters of Acceptance  Documentation | | | | | | |
| Other | |  | | | |  |
|  | | | | |
|  | | | | | | | | | | | | |
| **Project Title** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Project Period | | From |  | To |  | |  | | | |  | |
|  | |  | (mm/dd/yy) |  | (mm/dd/yy) | |  | | | |  | |
|  | | | | | | | | | | | | |
| Total Project Amount Requested $ | | | | | | | | | | | | |
| *Faculty Assigned Time Requested*  No  Yes \_\_\_\_\_ Units (WTUs)  IF YES, ASSIGNED TIME REQUEST APPROVED BY DEPARTMENT CHAIR OR EQUIVALENT:  ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Signature Required (if Assigned Time Requested) Date | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. Brief Abstract (Use this space and limit to **100 words**). | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** (check one) - *optional* | | | | | | | |
| American Indian or Alaskan Native | | | Asian | | | Black or African American | |
| Hispanic or Latino | | | Native Hawaiian or other Pacific Islander | | | White | |
| Other |  | |  | | |  | |
|  |  | |
|  | | | | | | | |
| **Academic Rank** (check one) | | | | | | | |
| Assistant Professor | | | |  | | |  |
| Associate Professor | | | |  | | |  |
| Professor | | | |  | | |  |
| Lecturer | | | |  | | |  |
|  | | | |  | | |  |
| First Year of Employment | |  | | |  | | |
|  | | (mm/dd/yy) | | |  | | |
|  | | | | | | | |
| **Department** (check one) | | | | | | | |
| Accounting & Finance | | | Economics/Ag. Studies/Social Sciences | | | Philosophy & Modern Languages | |
| Advanced Studies in Education | | | English | | | Physics, Physical Sciences & Geology | |
| Anthropology/Geography/Ethnic Studies | | | History | | | Politics & Public Administration | |
| Art | | | Kinesiology | | | Psychology | |
| Biological Sciences | | | Liberal Studies | | | Social Work | |
| Chemistry | | | Management, Operation & Marketing | | | Sociology/Gerontology/Gender Studies | |
| Communication Studies | | | Mathematics | | | Teacher Education | |
| Computer Information Systems | | | Music | | | Theatre | |
| Computer Science | | | Nursing | | |  | |
| Criminal Justice | | |  | | |  | |

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| I acknowledge that I have discussed this submission with my Department Chair or Equivalent. |

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| **Item II.** **RSCA Grant Proposal Budget Page** | | | | | | | | | |
| Personnel | | | | | | | | | |
| **Faculty Assigned Time (use University criteria for the current academic year)** | | | | | | | | | |
| No  Yes Number of Units: | |  | | | x | $ 1,689.20 | Replacement Cost Sub-Total | | $ |
|  | | | | | | | | | |
| **Student Assistant Salary**  No  Yes (must be completed according to University regulations. Provide rationale for levels exceeding Class I, Step I, $9.00. (*Hourly wages must be divisible by $ .05*.) | | | | | | | | | |
| Classification Level (check one):  I  II  III  IV | | | | | | | | | |
| Rate of pay per hour: | $ | |  | Number of hours requested: | | | | Student Assistant Sub-Total $ | |
|  | | | | | | | | | |
| **Consultant External to the Project** (provide details and rationale) | | | | | | | | | |
| Description & Cost Amount\* | | | | | | | | | |
|  | | | | | | | | | |
| Consultant Sub-Total $ | | | | | | | | | |

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| Supplies (specify-provide details and rationale) |
| Description & Cost Amount\* |
|  |
| Supplies Sub-Total $: |
| Equipment (provide details and rationale) |
| Description & Cost Amount\* |
|  |
| Equipment Sub-Total $: |
| Travel (provide details and rationale) |
| Description & Cost Amount\* |
|  |
| Travel Sub-Total $: |
| **Total RSCA Grant Request** (Funding Request excluding Item III below)  **Item II Total $: \_\_\_\_\_\_\_\_\_\_\_** |
| **Item III.** Other Funding (provide details and rationale) |
| Description & Amount of additional (non-RSCA) funding associated with this proposal. |

\*May attach additional budget pages, including Time Line, if necessary.