COVER SHEET FOR FACULTY DEVELOPMENT GRANT

Faculty Member Requesting Grant: __________________________________________

Department/School: _______________________ / ________________________

Project Title: __________________________________________________________

Project Date: __________________________________________________________

PROJECT TYPE  (Check all appropriate boxes. See FDG section of Faculty Handbook for clarification of geographic specifications, allowable amounts and “productive participation”.)

☐ PRESENTATION
  ☐ National/International ☐ Southeast ☐ State ☐ Local

☐ PRODUCTIVE PARTICIPANT
  ☐ National/International ☐ Southeast ☐ State ☐ Local

☐ RESEARCH
☐ ACADEMIC SUPPLIES
☐ TRAINING/WORKSHOP

GENERALIZED BUDGET*  Each line must contain a dollar value, even if it is zero. Recall that the faculty contribution must be 20% of the total cost (line 4). This may be out-of-pocket or from an external funding source; departmental contribution (if any) does not count toward this 20%.

LINE 1: Funding Requested: ______________

LINE 2: Departmental Contribution: ______________ (Chair’s initials if not zero) _______

LINE 3: Faculty Contribution: ______________ (Verify that this is 20% of line 4) _______

LINE 4: Total Cost of Project: ______________ (Verify that this is the total of lines 1-3) _______

* Attach a separate page with a more detailed budget including all relevant costs. For example, attendance at a meeting would probably require travel, hotel, registration, and food costs, at least. Notice that excluding legitimate costs here makes your total cost (and therefore may make the funding to which you are entitled) smaller.

As per the Faculty Handbook you are also required to attach a brief summary of the project, including what your participation will be and verification of acceptance of your participation (like a letter of acceptance of an abstract), if appropriate.

APPROVALS:  Department Chair/Date: _______________________________/________

Academic Dean/Date: _______________________________/________

VPAA:  PREVIOUS GRANTS? ☐ YES ☐ NO  Date of Last Grant: _______________________

SUMMARY ON FILE? ☐ YES ☐ NO  Date of Summary: _______________________