

**COLLEGE OF CHARLESTON
FACULTY RESEARCH AND DEVELOPMENT COMMITTEE
GRANT APPLICATION COVER SHEET**

(Submit the complete grant application electronically to the Chair of the Faculty R&D Committee. Submit the cover sheet signed and dated to the Dean of the Graduate School, University of Charleston, S.C. at the College of Charleston by 5:00 pm on the dates below.)

_____ First Round (10/07/16) _____ Second Round* (01/06/17) _____ Third Round (04/07/17)

NAME: _____ RANK: _____

DEPARTMENT: _____ E-MAIL: _____

PROPOSAL TITLE: _____

*In which fiscal year will your project take place? ___ FY 16 - 17 ___ FY 17 - 18

Please refer to the Guidelines to insure that you comply with conditions for the category of award you seek.

A copy of the guidelines may be found at the Faculty and Staff Resources link at
<http://gradschool.cofc.edu/faculty-staff/research-and-development/index.php>

Which category of award do you seek? (Check one)

_____ Faculty Research Grant _____ Faculty Development Grant _____ Faculty Professional Support

Check all sub-categories that apply.

_____ Starter Grant (Check if the period of the grant is during your tenure-track appointment as a faculty member at the College of Charleston and your proposal meets the Starter Grant criteria.)

_____ Teacher-Scholar Grant (Check if your proposal meets the Teacher-Scholar Grant criteria.)

_____ Continuous Study Award (Check if your proposal meets the Continuous Study Award criteria.)

Total Amount requested? \$ _____

Have you received Faculty R & D support for the funding periods January 1, 2015 through December 31, 2016?
(Yes/No) _____ (If yes, list the amounts and dates in the spaces below)

Do you expect to receive funds from any other source for this project?
(Yes/No) _____ (If yes, list the sources(s) and amount(s) of the funding below)

Does the proposal involve research on human or vertebrate animal subjects? (Yes/No) _____
(If yes, include a brief statement describing the status of the Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC) application. Such an approval must be obtained before research and development funds can be released.)

SIGNATURE, Applicant _____ Date _____

Attn: Chair & Dean: Funds for successful proposals will be transferred into the departmental R & D account, unless otherwise stated in the award disbursement email (usually the only exception is summer funding).

SIGNATURE, Department Chair _____ Date _____

SIGNATURE, Dean _____ Date _____