ASD Grant Application

Name(s)_____

Department(s) or School(s)_____

Title of Project _____

Amount Requested_____ **Your Email** _____

Grant Term Requested: 1-year   2-year

- If funded, would you be willing for the Thorpe Center to use your proposal as an exemplary submission in the online Handbook? •Yes   • No

- Will you use human beings as experimental subjects?   • Yes   • No

  If yes, please submit the appropriate approval notice.
  If you have questions about whether IRB approval or exemption is required for your project, please see the pdf link on "Policies and Procedures" at
  https://www.iwu.edu/irb/forms/IRB_PolicyProcedure.pdf.

- Will you use animals as experimental subjects?   • Yes   • No

  If so, have you requested IRB and/or IACUC approval? • Yes   • No

  If yes, please submit the appropriate approval notice.
  (See the IACUC link to protocol forms at https://www.iwu.edu/associateprovost)

Please complete the following checklist by placing a check mark against each item to ensure that your application is complete. Incomplete and/or late applications will not be considered.

1.   Project Summary as MS-Word file (emailed to fdc@iwu.edu)   • Yes   • No

2.   One pdf that contains the following:

   a) Cover page (this document) with signatures   • Yes   • No

   b) Proposal as per format described in Handbook   • Yes   • No

       i)   Project Summary
       ii)   Previous ASD grants summary
       iii)   Narrative (Sections A through G addressed)

  c) ASD grant budget page   • Yes   • No

  d) Brief Vita   • Yes   • No

3. Reports for previous ASD grants have been filed in MC

  • Yes   • No   • NA

_____ _____

Signature of Applicant and Date   Signature of Chair/Director
                     (if different than applicant)

*Note: a recommendation letter from a direct supervisor or chair is **not** required for ASD grants.*

ASD Grant Budget Page

Faculty Name(s) _____

Project Title _____

A. Equipment Description (please give source of recent estimate) $_____
_____

B. Supplies and Services $_____
(please itemize, attach an additional sheet if necessary)

    _____
    _____
    _____
    _____

C. Travel Expenses (please itemize) $_____

D. Consultancy Fees $_____

E. Living Expenses (see proposal guidelines) $_____

F. Student Wages (see proposal guidelines) $_____

G. Faculty Stipend (maximum $2,000 per faculty $_____
   member for 1-year; $4,000 for 2-year)

H. Publication Expenses $_____

I. Other $_____

TOTAL$_____

(Maximum award $3,500 per individual or $5,500 for a joint proposal from two or more faculty members for a one-year grant and $7,000 per individual or $11,000 for a joint proposal for a two-year grant)

NOTE: List all expenses, even if the total exceeds the maximum grant. If your budget exceeds the maximum grant, explain how you will make up for the shortfall.