SUNY College at Old Westbury
Faculty Development Grants 2018-19
Application Cover-Page

Descriptive Project Title: _____

Faculty Applicant: _____ _____ _____
          Name   Tele (Daytime)   Email address

Faculty collaborators
(if any)   _____   _____
                        Name   Name

                  _____   _____
                        E-mail   E-mail

Amount Requested $ _____ *Limit $3,000 for individual applicants; $5,000 for collaborations among SUNYOW faculty.*	**Project Period:** _____ / _____ / _____ - _____ / _____ / _____ In no case can funds be used after June 30, 2019.
Does this project involve: Humans as research subjects? ____ Yes ____ No IRB approval date: _____	**Does this project involve: Vertebrate animals as research subjects?** ____ Yes ____ No IACUC approval date: _____

Application Category proposal? *Please check one*	____ Seed money to initiate or advance a project that could result in external funding. **Highest Priority.** IMPORTANT: Please identify to what program or what agency do you expect to submit this future proposal. _____ ____ Financial support for professional development efforts intended to result in a publication, presentation, performance, exhibition or comparable activity. ____ Financial support for classroom research, including the enhancement of teaching ability, the involvement of students in research projects, or comparable activity. **Lowest Priority.**

Other Funding Sources: Have you applied (or do you intend to apply) to any other organization or grant competition for funding the same activity described in your proposal? If yes, please identify the organization(s) or grant competition(s) and date(s): _____

<u>**Certification Signature(s)**</u>*: I certify that I have submitted a written report for all past funding I have received under the College's Faculty Development Grant program.*	**Principal Investigator / Lead Faculty Applicant**
Faculty Collaborator (if any)	**Faculty Collaborator** (if any)
Department Chair	**Dean**

2018 - 19 Faculty Development Grants Budget Page

- **Please identify <u>grant expenditures only</u> on this page.** Personal expenses associated with the project (if any) may be addressed in your budget narrative.

- **Use rounded numbers only please.**

- **If printing, *please print legibly.***

3rd PARTY PERSONNEL (INDEPENDENT CONTRACTOR/CONSULTANT COSTS).

Subtotal: [ ]

SUPPLIES

Subtotal: [ ]

TRAVEL

Subtotal: [ ]

OTHER

Subtotal: [ ]

Total Funding Request: [ ]

"X" here if a budget narrative has been provided. Optional, limit 2 pages. [ ]