

UGRASP DEPARTMENT INITIATIVE GRANT APPLICATION

DEPARTMENT APPLICANT INFORMATION

Contact person:	Department:	College:
Phone:	E-mail:	Fax:

PROJECT INFORMATION

Project's Title: _____

Anticipated start date: _____ Anticipated completion date: _____

Project Description: (attach as an appendix, maximum 2 page typed, double spaced, 12 point font)

In *laymen's* terms, **A.** provide a brief description of the project **B.** explain how the project promotes, facilitates, and/or maintains undergraduate research and scholarship, as defined by UGRASP **C.** describe the methods to be used

Project's Impact: (attach as appendix, maximum 1 page typed, double spaced, 12 point font)

Describe the short and long term benefits to students, faculty, and the University, as applicable.

PROJECT FEASIBILITY

Indicate source and amount of matching funds, if any: _____

Will the project require on-going funds? no yes

If yes, how much and how often _____

Identify possible source(s) for ongoing funds _____

BUDGET

Itemize everything you are seeking funds for. Make sure it is explicitly obvious how each expense is necessary for the project's completion.

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SIGNATURE(S)

By signing below, I believe that the project described herein is feasible in scope. I further agree to assume responsibility for the following:

1. Insuring that funds are spent as stipulated.
2. Insuring that all expenditures are adequately documented and submitted to the director of the Undergraduate Research and Scholarship Program no later than May 15th
3. Insuring that any unused funds are returned to UGRASP by May 15th of the academic year when the funds were received.

Contact Person: _____

Date: _____

Department Chair: _____
(if different from contact person)

Date: _____