SENATE SCHOLARLY ACTIVITIES COMMITTEE APPLICATION FOR NEW FACULTY SCHOLAR AWARD

Name		Posit	ion 			
Department		Unive	ersity Tele	ephone Numbe	er	
Date of Appointment at UNI)	University Add	dress			
Highest Degree Held	Insti	 tution			`	⁄ear
Title of Project						
Proposed Project Dates (tw maximum):	o year Start _		End			
A. Will your project involv by the appropriate Uni						of review
			<u>Sı</u>	ubmitted App	roved	<u>Pending</u>
Animals (Animal Care	e and Use Comn	nittee)				
Biohazards or Recon Biosafety Committee		stitutional				
Human Subjects (Ins	titutional Review	Board)				
Radioactive Materials	s (Radiation Safe	ety Committee)				
B. Awards received from to academic years (extra page 1) Month/Year of Award		-		ee (SSAC) du	<u>Fina</u>	e past five I <u>l Report</u> Filed
					Yes	No
					168	INO
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

C. For each previous SSAC research/creative activity grant listed above, briefly indicate the outcome (e.g., subsequent grant proposals submitted/accepted/rejected, papers written/presented, creative performances, etc.)					
	s to external funding agencies, please list information proposals. If none, please indicate "none."				
Agency:	Agency:				
Amount:	Amount:				
Title:	Title:				
Current Status:	Current Status:				
Dates:	Dates:				
E. Indicate current research/creative acti	ivity support below, including all start-up funding. Agency:				
Amount:	Amount:				
Title:	Title:				
Current Status:	Current Status:				
Dates: Dates:					

F. List <u>up to five of your most relevant</u> publications or other scholarly activities by providing complete citations. Indicate by an asterisk those which are clearly related to this project.
G. Cite up to five of your most recent publications or creative activities.
I. DESCRIPTION OF PROPOSED ACTIVITY:
A. Specific objectives.

	B. The procedure you expect to follow. (Be specific, minimize technical jargon.)
	C. Describe the facilities required for this project.
	or become the radinate required for time project.
	D. Relevance and significance of the proposed activity to you, your department and college, and UND, and anticipated outcomes.
	and one, and anticipated outcomes.
II.	BACKGROUND INFORMATION
	A. What previous work have you done on this project, or work that is pertinent to it?

В.	. Cite no more than five relevant publications or cr complete citation.)	eative ac	tivities <u>of othe</u>	<u>rs</u> . (Include the
C.	. What results have been obtained by <u>others</u> ?			
D.	. What is the current status of this study? (New, h	alf-comp	leted, etc.)	
E.	. How long will it take to complete the study?			
F.	. What plans do you have for publication or other เ	utilizatior	n of your result	s?
G	6. Will you conduct the investigation yourself?	Yes	No	
	Will you work with co-investigators?	Yes	No	
lf	If there will be a co-investigator(s), please list. (If paid from the grant, show in proposed budget.)			
Na	ames:			

H. Will you supervise the work of others?	Yes	No
(If yes, please provide names, titles, and responsibilities).		
I. Will students use the project toward a thesis or dissertation?	Yes	No
For those activities that will be used toward a thesis or dissertation, an exprelationship of the proposed work to the Principal Investigator's research/c be included.		
J. Will this work be used by you in obtaining an advanced degree?	Yes	No
If yes, provide the following information.		
Degree Year Expected		
Granting Institution		
K. Will this project, if funded, serve as a pilot study for a project tha support from a federal agency or national foundation?	t might la	ter receive
If yes, possible funding sources:	Yes	No
L. Do you currently have external or internal funding to conduct this		
project? If so, please list the funding source(s) and detail similaritie overlap.	s, differer	nces and
Agency	Yes	No
Amount		
Title		

Agency				
Amount				
Title				
Agency				
Amount				
Title				
other	you requested, do you have pending internal sources for this project? (If letail similarities, differences, and over	so, list granting ag	st, funds from ex ency, amount, tit	cternal or le of project
	,,,,	,	Yes	No
Agency				
Amount				
Title				
Agency				
Amount				
Title				
Agency				
Amount				
Title				

III. FINANCIAL REQUIREMENTS

A. Proposed budget. Itemize in the following table. All items must be clearly related to the research/creative activity. If there are unusual items in your budget, please justify. If you are requesting funding for equipment, indicate the specific importance of the equipment to your project. Also, if the equipment is already available in your department, justify your need for purchasing additional equipment. The maximum allowed for New Faculty Scholar Awards is \$5,000.00.

		REQUESTED	APPLICANT	
	BUDGET ELEMENT	AMOUNT	CONTRIBUTIONS	TOTAL
A.	PERSONNEL EXPENSES:			
	Salaries and Wages - Support Staff			
	Fringe Benefits			
	TOTAL PERSONNEL EXPENSES			
B.	OPERATING EXPENSES:			
	Travel (Domestic)			
	Travel (Foreign)			
	Communications			
	Insurance			
	Data Processing			
	Office Supplies			
	Fees			
	Instructional			
	General			
	TOTAL OPERATING EXPENSES			
C.	EQUIPMENT			
-	Equipment < \$5000			
	Equipment > \$5000			
	TOTAL EQUIPMENT COSTS			
TOTA	L COSTS			

B. Budget justification/explanation.
I have reviewed the Guidelines for New Faculty Scholar Award and agree to abide by them.
Signature of Applicant

Applicant Checklist:

- 1. This form.
- 2.Letter from your chairperson.
- 3. Applicant's resume. This should include a list of publications/creative activity, grant activity, and any other information (e.g., awards, honors, education) relevant to this application.
- 4. Submit original of the application to the UND Office of the Vice President for Research & Economic Development, 103 Twamley Hall or Stop 8367, also submit an application electronically to vpr@research.UND.edu.