

ASD Grant Application

Name(s) _____

Department(s) or School(s) _____

Title of Project _____

Amount Requested _____ Your Email: _____

- Will you use human beings as experimental subjects? Yes No
If yes, please submit the appropriate approval notice.
- Will you use animals as experimental subjects? Yes No
If yes, please submit the appropriate approval notice.
- If your proposal is funded, would you be willing for the Mellon Center to use it as an exemplary submission in the online *Handbook*? Yes No

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

1. Project Summary (email to jhand@iwu.edu)
2. Have you requested IRB approval? Yes No NA
3. Proposal as per format described in handbook
4. A brief Vita
5. ASD grant budget page
6. Report of Previous ASD grants (File separately with the Associate Dean of the Faculty)
Yes NA

Signature of Applicant and Date

Signature of Chair or direct supervisor

Please note that 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) \$ _____

C. Travel (please itemize) \$ _____

D. Living Expenses (see proposal guidelines) \$ _____

E. Faculty Summer Stipend (maximum \$2,000 per faculty Member) \$ _____

F. Student Wages (see proposal guidelines) \$ _____

G. Other \$ _____

TOTAL \$ _____

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.