

ASD Grant Application

Date of Submission: _____

Name(s): _____

Department(s) or School(s): _____

Title of Project: _____

Amount Requested: \$ _____ **Your Email:** _____

Grant Term Requested: 1-year ☐ 2-year ☐

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

B) 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 read the "Policies and Procedures" at <https://www.iwu.edu/institutional-review-board/irb-policy-procedure.pdf>.

C) Will you use animals as experimental subjects? •Yes ☐ •No ☐

a) 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)
- ☐ 2. One pdf that contains the following:
 - ☐ a) Cover page (this document) with signatures
 - ☐ b) Proposal as per format described in Handbook
 - ☐ i) Project Summary
 - ☐ ii) Previous ASD grants summary
 - ☐ iii) Narrative (Sections A through G addressed)
 - ☐ c) ASD grant budget page
 - ☐ d) Brief Vita
- ☐ 3. Reports for previous ASD grants have been filed in MC (N/A: _____)

Signature of Applicant

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 below, & 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 \$3,000 per faculty member for 1-year; \$4,000 for 2-year) \$ _____

H. Publication Expenses \$ _____

I. Other \$ _____

TOTAL: \$ _____

(Maximum award \$4,500 per individual or \$7,500 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.