



The University of Scranton
Jesuit Center
FACULTY RESEARCH GRANT APPLICATION

I. APPLICATION FORM

Name: _____ Dept: _____ Signature: _____

TITLE OF PROPOSAL:

Total amount requested: \$

Project Start date:

Project End date:

Approvals (if required)

IACUC	<input type="checkbox"/> approved _____	<input type="checkbox"/> pending
IRB	<input type="checkbox"/> approved _____	<input type="checkbox"/> pending
IBC	<input type="checkbox"/> approved _____	<input type="checkbox"/> pending

.....

II. ABSTRACT

III. BUDGET

	Amount
A. Equipment	
A. Total Equipment	
B. Supplies	
B. Total Supplies	
C. Travel (<i>itemize mileage, per diem, hotel, airfare</i>)	
C. Total Travel	
D. Other	
D. Total Other	
E. TOTAL PROJECT COST	



The University of Scranton
Jesuit Center
FACULTY RESEARCH GRANT APPLICATION

F. AMOUNT REQUESTED <i>(Max. \$1000)</i>	
G. Subtract F from E - If E is greater than F, explain in Budget Justification how the additional expense will be covered.	

III. BUDGET JUSTIFICATION (1 page) - *Explain items included on Budget form, e.g., calculation base, relevance to the project, how additional expense will be covered.*

IV. NARRATIVE

A. Background, Relevance, and Significance:

B. References:

C. Dissemination Plans:

V. BIOGRAPHICAL INFORMATION (1 page)