

Minigrant Application Project Support (PS)



Please refer to Minigrant Guidelines.

All applications must be typed. Use paperclips to attach documentation - *do not staple.*

PI INFORMATION	PROJECT TERM
Principal Investigator	Semester
Department	Year
E-mail	Phone ext.
Project Title	

PRIMARY PURPOSE *(check one only)*

Research Project

Creative Activity

Exhibit

COMPLIANCE AREAS (Mandatory Field - check all that apply) N/A

Human subjects (including surveys)

Vertebrate animals (including agricultural use/ field work)

Use of hazardous materials

Export Control

PROJECT DESCRIPTION
Address the who, what, where, when, why, and how. If a research project, please include research methodology and plans for evaluation.

EXPLAIN WHY THIS PROJECT IS IMPORTANT TO YOUR PROFESSIONAL DEVELOPMENT
How does it fit with your research/creative agenda

TIMELINE FOR PROPOSED ACTIVITIES

BUDGET REQUESTED * Maximum award limit is \$1,500.

Supplies and Materials _____

Minor Equipment _____

Student Assistant Wages _____

Exhibition/Performance Costs _____

Specific Services _____

TOTAL REQUESTED _____

Limitations
 PS grants do not cover travel expenses. If you need travel support, please review the Travel Support (TS) minigrant guidelines and complete the TS application.
PIs can have PS and TS minigrants simultaneously. PIs cannot have a PS and RPS simultaneously.

Review the Minigrant Guidelines document for funding limitations.

MATCHING (If applicable, list any matching commitments for project)

BUDGET DETAIL - Attach a separate sheet

Explain in detail how the funds requested above will be used to accomplish your project. If requesting support from the "specific services" category, please provide sufficient description of these services. Also, for equipment, please explain how the equipment will be used after the project.

APPLICANT CERTIFICATION

I certify that this project does not directly support the conduct of a master's thesis or doctoral dissertation.

I certify that the statements in this application are true, complete, and accurate to the best of my knowledge.

If this project is awarded, I agree to accept sole responsibility for the conduct of this project and will adhere to all university policies and procedures. I accept responsibility for payment of any and all over-expenditures should they occur. I will review the PI/PD Responsibilities document and the Research Enhancement materials on the website to ensure I adhere to all program requirements.

I will provide any required progress reports. Any publication, poster, or presentation resulting from this grant will state, "The project was conducted under a grant from the Stephen F. Austin State University Research Enhancement Program."

Principal Investigator Signature

Date

DEPARTMENT REVIEW & APPROVAL

I have reviewed the applicant faculty status and verify this faculty is tenure-track and eligible to apply. In addition, I have reviewed the budget, matching funds (if indicated), and approve the faculty project.

I certify the faculty member will have the required space/facilities and time to perform the project.

Chair Signature

Date

After PI and Chair signature, campus mail application to ORGS Box 13024.

For ORGS use only

Pending Prior Year Reports: Yes No

Current Internal Grants: _____

Denied (see email)

Approved \$ _____ FOP: _____

Compliance Verification NA

Approvals required _____ Approvals received _____