

**FACULTY RESEARCH GRANT RENEWAL**

**May 1, 2023 – April 30, 2024**

***This form to be used only for continuation of Faculty Research Grants approved for 2022-23. This form may be used to request carryover of funds from the previous year’s grant, or for additional funding of up to $3000 per Principal Investigator for continuation of the same project.***

Pre-submission Review Deadline (recommended): **January 31**

Final Submission Deadline: **February 28**

Please submit completed application via email to [research@andrews.edu](mailto:research@andrews.edu) by the due dates given above. Please remember that this proposal will be evaluated by an interdisciplinary committee, therefore, write in clear terminology that will be easy to understand by those reading it. Please type in the spaces provided below, which will automatically expand as needed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator(s)** | | | | | | |
| **NAME (Last, First, MI)** | **AU ID** | **DEPT.** | **E-mail** | **TEL EXT** | **FAC. STATUS** | **FAC. RANK** |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Project Title** |
| 🡪 |

|  |
| --- |
| **Abstract** |
| Please summarize your research. (approximately 250 words) |
| 🡪 |

|  |
| --- |
| **Progress Report** |
| Please indicate how you have spent the Andrews University Faculty Research Grant funding over the past year. How has the research project progressed over the past year? **Important: Please indicate presentations you or your students have made (or scheduled) and papers published (or submitted).** (two pages) |
| 🡪 |

|  |
| --- |
| **Plans for the Coming Year** |
| Please indicate how your project will continue over the coming year. What additional plans do you have in addition to those indicated in your original proposal for the previous year? (two pages) |
| 🡪 |

|  |
| --- |
| **IRB / IACUC Documentation** |
| Does this project involve the use of human subjects or vertebrate animals as part of the research? If yes, approval by the Institutional Review Board (IRB) and/or the Institutional Animal Care and Use Committee (IACUC) must be renewed annually. |
| 🡪 |

|  |
| --- |
| **External Funding** |
| Will you receive funding from other sources to support this project? If so, please explain. Also indicate how this project could be used to attract external funding for further endeavors. Please be specific. Additionally, if you desire for this application to be considered for General Conference or North American Division matching funds, please indicate here how the proposed research satisfies GC or NAD research objectives, and how the matching funds would be used. |
| 🡪 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Information** | | | | | | | |
| Detail in the budget how you intend to spend your carryover funds as well as any new funding requested. Provide budget justification for each line item in the budget. Research funds do not cover faculty salaries, travel to conventions or conferences, or the development of new curricular or enhancement of course materials. Funds for these items are to be obtained through departmental and school budget allocations. Funds for a one-class release are allowed for early career faculty, provided justification is provided. | | | | | | | |
| **Itemization** | | | | | **SubTot** | **Totals** | **Justification** |
| **LABOR** | | | | | **$** | **$** |  |
| ***Undergrad Student Labor*** | | | | |  |  |
| Hours  Rate | | = | | |
| = | | |
| ***Graduate Student Labor*** | | | | |  |
| Hours  Rate | | = | | |
| = | | |
| ***Non-student Labor*** | | | | |  |
| Hours | = | | | |
| Rate | = | | | |
| **TRANSPORTATION** | | | | | $ | $ |  |
| ***Auto Miles*** | | | | |  |  |
| Miles  Rate | | **=** | | |
| **=** | | |
| ***Commercial Carrier*** | | | | |  |
| Type | = | | | |
| ***Lodging*** | | | | |  |
| # Days  Rate | | | = | |
| = | |
| ***Meals*** | | | | |  |
| # Days  Per Diem | | | | = |
| = |
| **SUPPLIES & EQUIPMENT (<$2500)** | | | | | | **$** |  |
|  | | | | |  |  |
|  | | | | |  |
| **OTHER (please specify)** | | | | |  | **$** |  |
|  | | | | |  |  |
|  | | | | |  |
| **COURSE RELEASE** | | | | |  | **$** |  |
|  | | | | |  |  |
|  | | | | |  |
| **Carryover Funds Requested** | | | | | **$** | |  |
| **New Funding Requested**  Not to exceed $3,000 per principal investigator. | | | | | **$** | |
| **TOTAL REQUESTED**  Not to exceed $5000 total per principal investigator from new funding plus carryover. | | | | | **$** | |  |

|  |  |
| --- | --- |
| **Affidavit of Responsibility** | |
| *I certify that the information given above is true and accurate, to the best of my knowledge. If research* *funds are granted to me, I agree to use such funds only for the purpose stated above, to submit timely* *reports as requested by the Office of Research and Creative Scholarship, and to keep my total expenditures within the* *amount granted. I further agree that any expenditure over the amount of my grant may be denied reimbursement by the Office of Research and Creative Scholarship. If approved, any over expenditure may be charged to* *my next grant (if awarded for the year following the over expenditure) or to my personal account.*  *My typed name below also acknowledges my awareness that the university has an obligation in the* *event of academic misconduct or alleged academic misconduct to take such action as necessary to* *ensure the integrity of research, and the university has a clear policy for dealing with academic* *misconduct complaints including procedures for conducting an investigation and a process of appeal.* | |
| **Applicant** | **Date** |
|  |  |

|  |  |
| --- | --- |
| **Department Chair’s Commitment** | |
| Please provide your evaluation of this proposal which should include but not be limited to the following:   1. Are there sufficient departmental resources to support this proposal? 2. What are the strengths and/or weaknesses of this project? 3. In what ways will this proposal strengthen the professional development of the faculty member? | |
| 🡪 | |
| **Certification** | |
| *My typed name below certifies that the department endorses the faculty research program described above, and recommends that it be funded by the Office of Research and Creative Scholarship.* | |
| **Chair** | **Date** |
|  |  |