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| **Reynolda Campus** Application for Internal Funds | RESEARCH & SPONSORED PROGRAMS |
| Personnel Information |
| Name: | Department: | **For Office Use Only**Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rank: ( ) Professor ( ) Associate Professor ( ) Assistant Professor ( ) Instructor or Lecturer ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Status: ( ) Tenured ( ) Tenure-track ( ) Visiting/Temporary ( ) Research Staff/Adjunct ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Information |
| Title*:*  |
| Duration: (Start dates must be January 1st or June 1st) |
| Amount Requested:  |
| **External Support Information** |
| If you have applied for external support for this project, please note the source and the status of your application: |
| If you have other commitments or overlapping obligations during the proposed project period, please indicate how your time will be allocated. |
| Do you have a SPIN account? ( ) yes ( ) no Do you receive email alerts? ( ) yes ( ) no  |
| **Bridge Funding** |
| ( ) one-time bridge funding ***Applicants should submit the external reviewer comments from the declined application, a 1-2 page plan to address them, an abstract, and a 1-page budget.*** |
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| **Previous Internal Award History (please indicate awards received in the past 3 years)** |
| Publication & Research: Archie Fund: Science Research Fund:Social Science Research: Cross-Campus: Interdisciplinary Innovation & Entrepreneurship: Other: **For Office use only**Number of previous internal awards/declines Final report from previous internal awards received  | Year Amount $ Year Amount $ Year Amount $ Year Amount $ Year Amount $ Year Amount $Year Amount $ | *Please use this space to record additional internal awards as needed.* |

**Application Instructions**

Please follow the Proposal Preparation instructions shown in the guidelines for the fund to which you are applying. Please provide:

Compliance: Does this proposal involve or require:

­\_\_\_\_ human subjects, \_\_\_\_ animals, \_\_\_\_ biohazards, \_\_\_\_ hazardous chemicals, \_\_\_\_ radioactive materials, \_\_\_\_ imaging services, \_\_\_\_ select agents\*/toxins

**IF yes, you must have appropriate committee(s) approval before the project can begin.**

\*For the list of select agents see: [http://www1.wfubmc.edu/EHS/Biological+Safety/Select+Agents/Select+Agent+Listing.htm](http://www1.wfubmc.edu/EHS/Biological%2BSafety/Select%2BAgents/Select%2BAgent%2BListing.htm)

Complete applications include all the items listed below in the following order:

\_\_\_\_\_\_\_ Completed, signed application page

\_\_\_\_\_\_\_ Format I (5 page limit to include): Abstract, Objectives, Background & Significance, Methods;

References; Other Sources

\_\_\_\_\_\_\_ Format II (5 page limit to include): Question or Problem, Research Methods, Timetable; References; Other Sources

\_\_\_\_\_\_\_ Detailed Budget

\_\_\_\_\_\_\_ Budget Justification

\_\_\_\_\_\_\_ CV (2 pages): including publications

\_\_\_\_\_\_\_ Description and outcome of previous internal awards

\_\_\_\_\_\_\_ Plan for External Submission

\_\_\_\_\_\_\_ Resubmissions

\_\_\_\_\_\_\_ List of WFU Collaborators

**Incomplete applications will not be reviewed**

#### Please send a completed copy of your Application for Internal Funds form and proposal in one file as an attachment to Elisa Burton (burtoneg@wfu.edu) and submit the original to the Office of Research and Sponsored Programs, 306 Reynolda Hall, no later than 5 P.M. on the deadline date.

Please allow several weeks for the review process.

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| Signature of Applicant: |  | Date: |
|  |  |
| Signature of Department Chair or Equivalent: |  | Date |
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| Signature of Co-Applicant: |  | Date: |
|  |  |
| Signature of Department Chair or Equivalent: |  | Date |
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