***CfR***

The Center for Research • College of Science and Health • William Paterson University of New Jersey

**Application for Faculty Summer 2024 Research Award: Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  |  | Department: | |  | |
| *(Last)* | | | *(First)* | *(M.I.)* |
| Rank: |  | | |  |  | e-mail: | |  | |
| Year Hired: |  | | | Tenured:  (Y/N) |  | WPU Phone: | |  | |
|  | | | | | | | | | |
| If you have previously received two CfR grants, please indicate outside grants for which you have applied, & DATES (🡫) of application | | | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
| Is this a NEW proposal or a RENEWAL of a previous award? | | | | | | | | |  |
| Does your research involve: | | | human subjects? Y/N | | | | animal subjects? Y/N | | |
| If the answer to either of the above is “Yes”, the signature of the Chairperson of the IRB or the Animal Rights Committee must appear here: | | | | | | | | | |

APPLICANT'S CERTIFICATION

It is understood and agreed by the applicant:

1. That the award may be revoked in whole or in part should the recipient's relationship with William Paterson University cease to exist provided that such revocation shall not include any amounts obligated previous to the effective date of revocation.

2. That the general terms and conditions of this proposal as stated in the application form, program guidelines and elsewhere have been read and accepted.

3. That any funds granted as a result of this application are to be expended for the purpose outlined herein in accordance with University and Center policies, and any funds not expended for this purpose shall revert to the Center upon completion or termination of the award, whichever is earlier.

4. That information contained herein is accurate and complete.

5. That the applicant has knowledge of and adheres to the university policy on environmental safety.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s signature:** |  | **Date:** |  |

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**Application for Summer Research Award: Budget Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Budget Item\* | Amount Requested |
| 1. Student assistant salaries and wages  (Maximum $960 per student for Summer I and Summer II) |  |
| 2. Faculty summer stipend  (Maximum $4,000) |  |
| Total |  |

\*Items *must* be detailed in budget justification narrative.

**Budget Justification Narrative:**

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**Application for Summer Research Award**

**Statement of Previous and Other Funding**

**I) Previous CfR awards:**

|  |  |  |
| --- | --- | --- |
| Date | Title | Amount |
|  |  |  |
|  |  |  |
|  |  |  |

**II) Expected Summer 2024 salary from other grants or awards (include all currently submitted grant applications, including applications for grants for other topics):**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Title | Source | Amount |
|  |  |  |  |
|  |  |  |  |

**List of Suggested External Reviewers**

* Applicants must provide the names and contact information of at least **three** **independent** **external** **reviewers**, who are experts in the discipline and have **not** worked with the applicant in the past 5 years.
* Please provide **names, email addresses, affiliations**, and **phone numbers**.

**Independent Reviewers:**

|  |  |  |
| --- | --- | --- |
| Reviewer 1 | Reviewer 2 | Reviewer 3 |
|  |  |  |
|  |  |  |
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**Application for Faculty Summer Research Award: Project Description (Narrative)**

**(Limit 6 pages)**

**Title of proposed project:**

**Abstract (200 words):**

**Introduction & Project Significance**:

**Research Plan**:

**Outcomes**:

**Bibliography**: