

Appendix 1: Faculty Research and Creative Work Proposal Title Page

1. Title _____

2. Name(s) of investigator(s) _____
If more than one, designate which is to serve as fiscal officer responsible for budget control.

3. Department of _____ MS _____

4. College of _____ MS _____

5. Period covered by proposal: _____ to _____

6. Total amount of request: _____

7. Does this proposal involve human subjects? _____; animal subjects? _____;
hazardous materials? ___; controlled substances? _____.

8. Have you previously sought external funds for this project? Yes / No

External Funding Source(s) _____

9. Have you identified potential (future) external funding sources for this project? Yes / No External
Funding Source(s) _____

10. If no external funding sources have been identified, have you contacted the Office of Research and
Grant Development to conduct a search on your behalf? Yes / No

11. Brief abstract of proposal:

Add additional PI signature lines as needed

Signature of investigator Printed Name Date

Signature of investigator Printed Name Date

Signature of investigator Printed Name Date

GRFC College Representative Printed Name Date

Department Chairperson	Printed Name	Date
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Dean	Printed Name	Date
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Comments:

Appendix 2: Faculty Research and Creative Work Proposal Budget Form

Name:

Department:

Name of

Proposal:

ITEM	TOTAL BUDGETED AMOUNT*	AMOUNT REQUESTED FROM GRFC
Personnel:		
Travel and per diem:		
Mileage		
Air, bus, etc.		
Per diem		
Equipment:		
Expendable Supplies and Postage:		
Other Expenses:		
Total		

*Includes non-GRFC funds that are budgeted for the project. Please include a breakdown of any other funds for the project in the justification.

Appendix 3: Final Report Budget Summary

Name:

Department:

Name of

Proposal:

ITEM	AMOUNT AWARDED FROM GRFC	TOTAL AMOUNT Spent from GRFC
Personnel:		
Travel and per diem:		
Mileage		
Air, bus, etc.		
Per diem		
Equipment:		
Expendable Supplies and Postage:		
Other Expenses:		
Total		

Appendix 4: Dissemination Proposal Title Page

1. Title _____

2. Name(s) of investigator(s) _____
If more than one, designate which is to serve as fiscal officer responsible for budget control
3. Department _____
4. Name(s) and address(es) of additional author(s) not from Southeast Missouri State University

5. Publication date: _____
6. Total amount of request _____
 - a. Have you applied or do you plan to apply for external funds to support this request?
_____ If yes, give status:

 - b. Have you contacted the University Office of Research and Grant Development for external funding possibilities? _____