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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 | | | |
| Status: ( ) Tenured ( ) Tenure-track ( ) Visiting/Temporary ( ) Research Staff/Adjunct | | | |
| 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:  Collaborative Pilot Grant:  Pilot Research Grant:  Other: | Year Amount $  Year Amount $  Year Amount $  Year Amount $  Year Amount $ | *Please use this space to record additional internal awards as needed.* |

***For Office use only***

Number of previous internal awards/declines 

Final report from previous internal awards received 

**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>

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

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

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

Other Sources

\_\_\_\_\_\_\_ Format II (5 page limit): 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 or late applications will not be reviewed.**

Please send the signed, complete application and proposal in one PDF file as an email attachment to   
Rick Orzechowski, [orzechr@wfu.edu](mailto:orzechr@wfu.edu) **by 5 p.m. on the deadline date**. Hard copies will also be accepted in addition to the electronic application, Office of Research and Sponsored Programs, 306 Reynolda Hall.

Please allow several weeks for the review process.

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| Signature of Applicant: |  | Date: |
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| 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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