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 1 st or June 1 st)			
Amount Requested:			
Extagnal Support Information			
External Support Information If you have applied for systemal symmetric this project places note the source and the status of your			
If you have applied for external support for this project, please note the source and the status of your application:			
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.			
Previous Internal Award History (please indicate awards received in the past 3 years)			
	Year Amount \$	Please use this space to record additional	
Archie Fund:	Year Amount \$	internal awards as needed.	
Collaborative Pilot Grant:	Year Amount \$		
	Year Amount \$		
Other:	Year Amount \$		
Ear Office was sub-			
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 applying. Please provide:	in the guidelines for the fund to which you are
Compliance: Does this proposal involve or require:	
human subjects, animals, biohazards, imaging services, select agents*/toxins	hazardous chemicals, radioactive materials,
IF yes, you must have appropriate committee(s) approv	al before the project can begin.
*For the list of select agents see: http://www1.wfubmc.edu/EHS/Biological+Safety/Select+A	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, Baccother Sources Format II (5 page limit): Question or Problem, Recother Sources Detailed Budget Budget Justification CV (2 pages): including publications Description and outcome of previous internal aware Plan for External Submission Resubmissions List of WFU Collaborators Incomplete or late applications will not be reviewed.	search Methods, Timetable; References; ards I. In one PDF file as an email attachment to
Rick Orzechowski, <u>orzechr@wfu.edu</u> by 5 p.m. on the dea addition to the electronic application, Office of Research an	
Please allow several weeks for the review process.	
Signature of Applicant:	Date:
Signature of Department Chair or Equivalent:	Date
Signature of Co-Applicant:	Date:
Signature of Department Chair or Equivalent:	Date