



Fall 2017 CEES Mini Grant Funding Application

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 () N/A		
Project Information		
Title:		
Duration: (include begin and end dates)		
Amount Requested:		
External Support Information		
If you have other commitments or overlapping obligations during the proposed project period, please indicate how your time will be allocated.		
Priority		
() Junior faculty whom an award will assist in becoming competitive for external support		
() More experienced faculty entering new areas or reengaging in research		
Previous Internal Award History (please indicate awards received for similar projects in the past 4 years)		
Publication & Research: Archie Fund: Science Research Fund: Social Science Research: Cross-Campus: Interdisciplinary Innovation & Entrepreneurship: Other:	Year Year Year Year Year Year	Amount \$ Amount \$ Amount \$ Amount \$ Amount \$ Amount \$
		<i>Please use this space to record additional internal awards as needed.</i>
For Office use only		
Number of previous internal awards/declines _____		
Final report from previous internal awards received _____		

Application Instructions

Compliance:

Does this proposal involve or require: () human subjects, () animals, () biohazards, () hazardous chemicals, () radioactive materials, () imaging services, () select agents¹/toxins

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

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

_____ Completed, signed application page

Choose one of the following formats for your proposal based on which is more appropriate to your discipline (1-4 pages):

_____ Format I: Abstract, Objectives, Background & Significance, Methods

_____ Format II: Question or Problem, Research Methods, Timetable

Additional information:

_____ References cited

_____ Detailed Budget and Budget Justification

_____ Curriculum Vitae

_____ Outcome of previous CEES awards

_____ List of WFU Collaborators involved in project

Please send a completed copy of your Application form and proposal in one file as an attachment to Kim Couch (couchkm@wfu.edu). **Proposals will be reviewed starting on Monday, November 6, 2017.**

<i>Signature of Applicant:</i>	Date:
<i>Signature of Department Chair or Equivalent:</i>	Date:

<i>Signature of Co-Applicant:</i>	Date:
<i>Signature of Department Chair or Equivalent:</i>	Date:

¹ For the list of select agents see: <http://www1.wfubmc.edu/EHS/Biological+Safety/Select+Agents/Select+Agent+Listing.htm>