

St. Cloud State University
2013 MSUAASF Special Initiative Award
 Cover Sheet

SECTION I. Applicant Contact Information

 Name

 Other Contact Name

 Title/Position

 Title/Position

 Campus Address

 Campus Address

 Phone

 Phone

 Fax

 Fax

 Email

 Email

SECTION II. Project Information

Title of the Project _____

Names of MSUAASF Applicants	Amount of Initiative Award Requested	Estimated No. of Hours to be Spent on Project

SECTION III. Budget Summary and Narrative

Please use the table below to organize your proposal's budget information.

Budget Category	Description	Amount	Source of Funds
Travel			
Training/Conference Registration			
Equipment (e.g. hardware purchases)			
Software Purchases			
Materials/Supplies			
G.A. or Student Employee			
Other			

Certification Signatures

Based on the criteria for eligibility in the 2011-2013 MSUAASF/MnSCU agreement (Article 12, Section 1), I certify I am eligible to apply. I understand and agree that a written final report, including how the objectives and/or goals have been achieved, is due as stated in the guidelines. I will provide a copy of my report to the Special Initiative Award Committee and to my supervisor. I understand that unless a law exists characterizing some portion of the information submitted as private, proposals will be treated as public information in accordance with University, state, and federal privacy regulations.

Applicant's Signature

Date

Supervisor's Signature

Date

Supervisor's signature certifies that resources necessary to carry out the project are available and committed.

**All applications must be sent to HRSIA@myscsu.stcloudstate.edu and copy humanresources@stcloudstate.edu by Friday, October 18.
Only complete applications will be reviewed.**