**GRANT INSTRUCTIONS**

1)Complete Narrative (*page 2*)

2) Complete Budget and Budget Justification (*page 3*)

3) Complete Signature Page (*page 4*)

4) Complete Huskies Connect Application: [***https://www.stcloudstate.edu/rsp/grants/internal/midcareer.aspx***](https://www.stcloudstate.edu/rsp/grants/internal/midcareer.aspx)

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| ***Huskies Connect Application will collect the following information:*** |
| 1. Principal Investigator Information: Tech ID, Email, Phone, School/College, Department
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| 1. Co-Principal Investigator Information (*if applicable*): Tech ID, Email, Phone, School/College, Department
 |
| 1. Project Information: Title, Timeline, Total Budget Request, Project Summary (*2-3 sentence description of proposed project*)
 |
| 1. Project Status:
	* ***Is this application a resubmission?*** If yes, please explain what significant revisions have been made since the previous submission.
	* ***Is this an ongoing/phased/long-term project?*** If yes, please explain what percentage of the project has already been completed and/or what percent will be accomplished with this funding.
 |
| 1. Project Product (select at least one of the following two options):
 |
|  | ***Submission of proposal for external funding:**** Funding Agency
* Program Name/Solicitation ID
* Projected Submission Date
* Anticipated Amount Requested
 | ***Peer-reviewed dissemination of work:**** Journal Name/Venue for Professional Presentation
* Projected Submission Date
 |
| 1. Required Activity (select at least one of the following three options)

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| ***Travel to meet with a Program Officer at funding agency:**** Funding Agency
* Program Name/Solicitation ID
* Program Officer(s)
 | ***Serve as panel reviewer for grant program:**** Funding agency/program that you will serve as a panel reviewer
 | ***Work with a mentor to enhance an existing grant proposal or scholarly product:**** Mentor Name
* Mentor Email and Phone
* Mentor Affiliation
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| 1. Previous Funding Information:
	* ***External funding awarded in the past 5 years***: funding agency, project title, award dates, amount
	* ***Internal funding awarded in the past 5 years***: grant type, award dates, amount
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| 1. Attachments:
* Narrative, Budget, and Signature Page
* Budget documentation support (i.e. quotes or cost verification of all items listed in the budget)
* References cited (*if applicable*)
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| **Evaluation Rubric****(*completed by review panel*)** | No, or unsure0 | Partial, or somewhat2 | Yes, fully 4 |
| Project has at least 3 clearly formulated objectives. |[ ] [ ] [ ]
| Project will clearly move applicant towards submission of an external grant application, or peer-reviewed dissemination. |[ ] [ ] [ ]
| Project activities are measurable and manageable. |[ ] [ ] [ ]
| Timeline is appropriate for work to be done. |[ ] [ ] [ ]
| Budget is appropriate and budget items requested are clearly linked to associated project activities.  |[ ] [ ] [ ]
| Proposal is complete, concise and written in a persuasive manner. |[ ] [ ] [ ]

**NARRATIVE**

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| **Principal Investigator Name:** | Click or tap here to enter text. |
| **Co-Principal Investigator Name:** | Click or tap here to enter text. |
| **Project Title:** | Click or tap here to enter text. |
| **1. Background**: Explain the need/significance of the project. (*2-3 paragraphs*) |
| Click or tap here to enter text. |
| **2. Rationale**: Why does this work need to be done? Explain why your research would create valuable and useful knowledge that will contribute to your field, department, university, society, etc. (*1 paragraph*) |
| Click or tap here to enter text. |
| **3. Project Objectives and Timeline**: Provide 3-5 measurable project objectives, measure of success, and timeline |
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|  OBJECTIVES(purpose/goal) | MEASURE OF SUCCESS(measurable outcome/impact) | TIMELINE/TARGET COMPLETION DATE |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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| **4. Project Description**: Explain in detail the project objectives and activities, how they will be accomplished (methods), and the expected measurable outcomes (*1-2 paragraphs per objective*). |
| Click or tap here to enter text. |
| **5. Project Outcomes**: Explain how this project will assist in the submission of a proposal for external funding, or facilitate peer-reviewed dissemination of your work (*2-3 paragraphs*). |
| Click or tap here to enter text. |

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| **BUDGET** |
| **St. Cloud State Personnel Salary and Fringe****Compensation:** up to $2,000 + fringe per Principal Investigator**Fringe Rates:** Principal Investigator = 22%, Students = 7.65% (only during the summer), and Staff/Clerical = 40%  |
| **Item Requested** | **Description** | **Rate** | **Days/Hours** | **Salary** | **Fringe** | **Total** |
| **Principal Investigator** |       | $       |       | $       |       | $       |
| **Co-Principal Investigator** |       | $       |       | $       |       | $       |
| **Students** |       | $       |       | $       |       | $       |
| **Staff/Clerical** |       | $       |       | $       |       | $       |
| ***\*NOTE: Please list non-SCSU personnel under Other Identifiable Costs*** |
| **Supplies and Equipment** |
| **Item Requested** | **Description** | **Rate** | **Quantity** | **Total** |
|       |       | $       |       | $       |
|       |       | $       |       | $       |
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| **Travel**Please see Business Services Travel Expense Guidelines: stcloudstate.edu/businessservices/accounting/travel/ |
| **Items Requested** | **Description** | **Rate** | **Quantity** | **Total** |
|       |       | $       |       | $       |
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| **Other Identifiable Costs** |
| **Items Requested** | **Description** | **Rate** | **Quantity** | **Total** |
|       |       | $       |       | $       |
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| **Total Amount Requested:** | $       |

**BUDGET JUSTIFICATION**

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| **1. Explain how the grant budget items will be used, and justify each expense's connection to the project.** *\* For any personnel funding requested, provide a list of duties for each person who will be paid from this grant.**\* If applicable, costs for a site visit to a funding agency must be included.**\* Quotes, or other documentation of expected expenses MUST be attached to your application* |
| Click or tap here to enter text. |
| **2. Do you expect funding from any other source?** |
| [ ]  No [ ]  If Yes, please specify: the source, the expected amount, and how it will relate to this request if funded.Click or tap here to enter text. |

**SIGNATURE PAGE**

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| *Signature(s) acknowledge that the Principal Investigator and Co-Principal Investigator (if applicable) will be responsible to ensure the proposed project is completed as described.**Additionally, upon award I understand that budgetary changes of more than 20% between categories requires prior approval by the Office of Research and Sponsored Programs.* |
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| **Signature of Principal Investigator** | **Date** |

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| *Signature acknowledges the Principal Investigator has informed the department/unit of intentions to pursue this project.* |
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| **Signature of Chair/Unit Director** | **Date** |
| Comments: Click or tap here to enter text. |

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| *Signature authorizes support of the Principal Investigator to pursue this project.* |
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| **Signature of Dean/Supervisor** | **Date** |
| Comments: Click or tap here to enter text. |