**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: [***stcloudstate.edu/rsp/grants/internal/proposal-enhancement.aspx***](https://www.stcloudstate.edu/rsp/grants/internal/proposal-enhancement.aspx)

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| ***Huskies Connect Application will collect the following information:*** | | |
| 1. Principal Investigator Information: Tech ID, Email, Phone, School/College, Department | | |
| 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 a new grant proposal for external funding:***   * Funding Agency * Program Name/Solicitation ID * Projected Submission Date * Anticipated Amount Requested | ***Resubmission of a grant proposal for external funding:***   * Funding Agency * Program Name/Solicitation ID * Project Submission Date * Anticipated Amount Requested. |
| 1. Required Activity (select at least one of the following three options):  |  |  |  | | --- | --- | --- | | ***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 | | | |
| 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 | | |
| 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** | No, or unsure  0 | Partial, or somewhat  2 | Yes, fully 4 |
| Project has at least 3 clearly formulated objectives. |  |  |  |
| Project will clearly move applicant towards submission of a competitive external grant application or improve the skills needed to seek external funding. |  |  |  |
| 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. | |
| |  |  |  | | --- | --- | --- | | 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. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a 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 developing preliminary results for proposal submission, or help to enhance the skills required for submitting a competitive proposal of $25,000 or more to an external funding agency (*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** | |
|  |  | | $ |  | | $ | |
|  |  | | $ |  | | $ | |
|  |  | | $ |  | | $ | |
|  |  | | $ |  | | $ | |
| **Travel**  Please see Business Services Travel Expense Guidelines: stcloudstate.edu/businessservices/accounting/travel/ | | | | | | | |
| **Items Requested** | **Description** | | **Rate** | **Quantity** | | **Total** | |
|  |  | | $ |  | | $ | |
|  |  | | $ |  | | $ | |
|  |  | | $ |  | | $ | |
| **Other Identifiable Costs** | | | | | | | |
| **Items Requested** | **Description** | | **Rate** | **Quantity** | | **Total** | |
|  |  | | $ |  | | $ | |
|  |  | | $ |  | | $ | |
|  |  | | $ |  | | $ | |
| **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.* | |
|  |  |
| **Signature of Dean/Supervisor** | **Date** |
| Comments: Click or tap here to enter text. | |