## STEP (Seed Grants for Transitional and Exploratory Projects) Cover Page

PI Name:	PI SIUE email:	
	PI Phone:	
PI Department:	PI School/College:	
PI Campus Box	PI Academic Rank:	
Co-	Co-I #1 Department:	
Investigator #1	Co-I #1 Campus Box:	
Name:	Co-I #1 School/College:	
Co-	Co-I #2 Department:	
Investigator #2	Co-I #2 Campus Box:	
Name:	Co-I #2 School/College:	

(PI = Project Director; Co-I = shared work and credit as collaborator)

ADDITIONAL COVER PAGES MAY BE INCLUDED AS NECESSARY TO ACCOMMODATE MORE PERSONNEL.

Project Title:		
Project Abstract:		

Requested Support (July 1 through June 30 of Subsequent Fiscal Year)

Requested Support (July 1 through June 30 of Subsequent Fiscal Year)				
Type of Request	See Program Guidelines Regarding Eligible Costs	Total \$ Requested		
Personnel*	Academic Year Assigned Time enter total amount by investigator using call staff rate	Double-click on gray square, enter default text, tab to next square		
*Please remember to	Name:			
calculate approx. 3%	Name:			
inflation rate for salaries	Summer Salary Request			
	Name:			
	GA Support enter total dollar amount			
	Student Worker (minimum wage)  enter total dollar amount			
Commodities				
Contractual Services				
Equipment				
Travel				
Telecommunications				
Study Incentives				
Other				
TOTAL	not to exceed \$16,000			

## STEP (Seed Grants for Transitional and Exploratory Projects) Cover Page

Checkl	ist for Application Packet (refe	r to websit	e guide	lines for furth	er information)*:		
	Signed Cover Page, Abstract, Budget (this form)			References			
	Narrative (no more than 10 double-spaced	l pages)		Curriculum Vitae (no more than two pages per team member)			
	External Funding Potential Form	<del></del>			Funding Form(s)		
	Budget Justification (max 2 pages, double-spaced)		Appendixes		,		
*Please check your package carefully, as incomplete or ineligible applications will be returned without review.							
Please	check if this project involves an	y of the fol	llowing	:			
	Human Subjects	☐ Biosafety Control		ol	Radiological Control		
	Animal Care Hazardous Waste			ste	☐ Other		
Signatu	ures – Additional pages may be	included	as nece	essary			
Team N	<u>Members</u>						
If funded, I understand that I (all PI's and Co-I's) must submit a grant proposal for external funding and a final report for this project before I am eligible for any future internal grants sponsored by the Graduate School.							
PI Sig	gnature:			Date:			
Co-I #1	Signature:			Date:			
Co-I #2	Signature:			Date:			
Chair a	nd Dean Signatures						
I certify that the faculty or staff member has obtained the terminal degree appropriate to the profession and is a tenured or tenure-track faculty member or a staff member with a research appointment and, therefore, eligible for this program.							
If a course buyout is requested and awarded, I agree that the faculty member, department, and dean will work together to identify a suitable course.							
PI Chai	r Signature:				Date:		
PI Dear	n's Signature:				Date:		
Co-I #1 Chair Signature:					Date:		
Co-I#2 Dean Signature:					Date:		
Co-I #2 Chair Signature:					Date:		
Co-I #2 Dean Signature:					Date:		