

## STEP (Seed Grants for Transitional and Exploratory Projects) FY 2016 Cover Page

PI Name: \_\_\_\_\_ PI SIUE Email: \_\_\_\_\_

Academic Rank: \_\_\_\_\_ Campus Box: \_\_\_\_\_

Department: \_\_\_\_\_ School/College: \_\_\_\_\_

Co-Investigator Name: \_\_\_\_\_ Co-I Department: \_\_\_\_\_

Co-Investigator Name: \_\_\_\_\_ Co-I Department: \_\_\_\_\_

Key Personnel (list): \_\_\_\_\_

(PI = Project Director; Co-I = substantial role that merits credit as collaborator; Key Person: smaller but important work scope, **ADDITIONAL PAGES MAY BE INCLUDED AS NECESSARY TO ACCOMMODATE MORE PERSONNEL.**)

**Title of Project:** \_\_\_\_\_  
**Project Abstract:**

### Requested Support (July 1, 2015 through June 30, 2016)

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

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### Checklist for Application Packet (refer to website guidelines for further information)\*:

- |   |   |
|---|---|
| <input type="checkbox"/> Narrative<br>(no more than 10 double-spaced pages)   | <input type="checkbox"/> References (no page limit) or<br>Bibliography (max 1 page) |
| <input type="checkbox"/> Budget Justification (max 2 pages,<br>double-spaced) | <input type="checkbox"/> Curriculum Vitae<br>(no more than two pages)               |
| <input type="checkbox"/> Previous Funding Form(s)                             |   |

\*Please check your package carefully, as incomplete or ineligible applications will be returned without review.

### Please check if this project involves any of the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Biosafety Control | <input type="checkbox"/> Radiological Control |
| <input type="checkbox"/> Animal Care    | <input type="checkbox"/> Hazardous Waste   | <input type="checkbox"/> Other                |

### Review Process (please indicate which review panel should evaluate your proposal):

- ☐ Panel 1: Life Sciences/Biomedical (includes Nursing, Pharmacy, and Dental Medicine)
- ☐ Panel 2: Physical Sciences and Engineering
- ☐ Panel 3: Social Sciences, Business, and Education
- ☐ Panel 4: Arts and Humanities

Please indicate any disciplines or areas of expertise that may be useful in the review of your project: \_\_\_\_\_

**Reviewer Exclusion Request** (please indicate anyone who might have a conflict of interest or should otherwise be excluded from reviewing your proposal). Name here or contact Patience Graybill at x5618: \_\_\_\_\_

See Signature Lines (continued on next page).

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### Signatures – Additional pages may be included as necessary

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Team Members (PI and Co-I's only. Key Personnel do not need to sign.)

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-I Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-I Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Chair and 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 Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-I Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-I Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-I Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-I Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_