

**COLLEGE OF CHARLESTON**  
**FACULTY RESEARCH AND DEVELOPMENT COMMITTEE**  
**GRANT APPLICATION COVER SHEET**

(Deadlines are 1:00 pm on the dates shown below. Deliver to: Office of the Dean of Graduate Studies, Suite 310, Randolph Hall)

\_\_\_\_\_ First Round (10/05/07)      \_\_\_\_\_ Second Round\* (01/18/08)      \_\_\_\_\_ Third Round (04/04/08)

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPOSAL TITLE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*In which fiscal year will your project take place? \_\_\_FY 07-08 \_\_\_FY 08-09

Please refer to the Guidelines to insure that you comply with conditions for the category of award you seek. A copy of the guidelines may be found at the Faculty and Staff Resources link at [www.cofc.edu/gradschool/facstaffresources/](http://www.cofc.edu/gradschool/facstaffresources/)

**Which category of award do you seek? (Check one)**

\_\_\_\_\_ Faculty Research Grant      \_\_\_\_\_ Faculty Development Grant      \_\_\_\_\_ Faculty Professional Support

**Check all sub-categories that apply.**

\_\_\_\_\_ Teacher-Scholar Grant (Check if your proposal meets the Teacher-Scholar Grant criteria.)

\_\_\_\_\_ Starter Grant (Check if the period of the grant is during your first two years as a tenure track member of the College of Charleston faculty.)

\_\_\_\_\_ Continuous Study Award (Check if your proposal meets the Continuous Study Award criteria.)

**Total Amount requested?** \_\_\_\_\_

**Have you received Faculty R & D support for a funding period in the calendar year 2007?**

(Yes/No) \_\_\_\_\_ (If yes, list the amounts and dates in the spaces below)

\_\_\_\_\_

**Do you expect to receive funds from any other source for this project?**

(Yes/No) \_\_\_\_\_ (If yes, list the sources(s) and amount(s) of the funding below)

\_\_\_\_\_

**Does the proposal involve research on human or vertebrate animal subjects? (Yes/No) \_\_\_\_\_**

**(If yes, include a brief statement describing the status of the Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC) application. Such an approval must be obtained before research and development funds can be released.)**

SIGNATURE, Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Chair/Dean: Funds for successful proposals will be transferred into the departmental R & D account.**

SIGNATURE, Chair/Dean \_\_\_\_\_ Date \_\_\_\_\_