

FACULTY RESEARCH GRANT

The University of Tennessee at Chattanooga

Name:

Date:

Department:

Rank:

Title of Project:

Approximate Duration: Beginning:

Ending:

Indicate other sources of funds you have requested for this project:

Have you previously received a faculty research grant from UTC? Yes No

If yes, list titles and dates of your three most recent UTC faculty research grants/fellowships:

Title Date

Title Date

Title Date

Have you completed your project(s) and supplied final reports? Yes No

If your research involves human subjects, have you obtained approval from the UTC Human Subjects Committee? Yes No

Comments by Department Head or Supervisor:

Signature of Applicant: _____

Signature of Department Head or Supervisor: _____

For Official Use Only

Approved Funds Granted _____

Disapproved

Deferred

Comments

Chair, Faculty Research Committee

Date

Submit original signed and ONE electronic copy via email attachment to Chair of the Faculty Research Committee.

Proposed Budget: Faculty Research Grant

Name:

Title of Project:

Approximate Duration: Beginning:

Ending:

Administrative Guidelines

1. All University regulations and policies concerning budgetary procedures must be followed.
2. Grant recipients may transfer funds from one object code to another, not to exceed twenty percent.
3. Transfer of funds from one code line to another beyond twenty percent must have the prior approval of the Chair of the Faculty Research Committee.
4. Each grant recipient will receive an account from the Grants/Contracts Accounting Office upon request (see below).

I agree to administer all funds granted to me in accordance with the above guidelines.

Signature of Applicant

Date

Please summarize projected expenditures by object code:

Object Code	Amount Requested
12 Academic Salaries	\$
18 Student Employee	\$
31 Travel	\$
33 Printing/duplicating (including publications)	\$
35 Communication (postage and telephone)	\$
36 Maintenance and Repairs	\$
38 Computer Services	\$
39 Supplies	\$
46 Contractual & Special Services (consultants)	\$
61 Equipment (over \$500)	\$
62 Minor Equipment	\$
___ Other _____	\$
TOTAL:	\$

TO: Director of Financial Services

Please issue an account number for the above project as it has been approved by the Faculty Research Committee.

Faculty Research Chair

Date

Budget Explanation

Name:

Title of Project:

Note: Be sure that all expenditures are justified in the body of the proposal.

Objectives	Activities	Materials/Equipment	Cost

Submit original and ONE electronic copy via email attachment to the Chair of the Faculty Research Committee.