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| **REQUIRED COVER PAGE: FACULTY SCHOLARSHIP GRANT APPLICATION** |
|  | Date of Minnesota State Mankato Faculty Appointment, Semester and Year: Date of Last FRG Award, Semester and Year awarded (if applicable): Final FRG report submitted to RASP (if applicable): Yes No |
| 1. **Project Title:**
2. **Name of Principal Investigator/Project Director:**
3. **College (abbrev): 4. Department:**

**5. Campus Mail Address: 6. PI/PD Campus Phone:** **7. Amount Requested: $ 8. Total Cost of Project: $** **9. Does this project involve:****Yes No**[ ] [ ] human subjects?[ ] [ ] animals/animal care facility? [ ] [ ] radioactive materials?[ ] [ ] hazardous materials?[ ] [ ] biological agents or toxins restricted by the USA Patriot Act? [ ] [ ] copyright or patent potential?[ ] [ ] utilization of space not currently available to the PI/PD?[ ] [ ] the purchase of instrumentation/software currently available to the PI/PD?***NOTE***: ***If the answer is “yes” to any of the above questions, the investigator must attach appropriate documentation of approval or justification for use/purchases, including housing of animals****.***SIGNATURES****Eligibility: Returning fixed term Tenure-track Tenured** Chairperson Date Dean Date |

**REQUIRED BUDGET TEMPLATE FACULTY SCHOLARSHIP GRANT**

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| **CATEGORY** | **FSG Request** |
| **Personnel**Justification: |  |
| **Supplies and materials**Justification: |  |
| **Copying/printing**Justification: |  |
| **Communication**Justification: |  |
| **Travel**Justification: |  |
| **Other services**Justification: |  |
| **TOTAL REQUESTED** |  |