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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** |  |