

RESEARCH FUNDING ASSISTANCE

The Herbert H. and Grace A. Dow College of Health Professions (CHP) is now accepting applications to support institutionally approved original research expenses. Allocated funds to support faculty research is up to **\$300**. Eligible applicants include all full time tenured, tenure-track, and fixed term CHP faculty. If awarded, applicants have one calendar year to spend the funding. After the funding year, remaining funds will return back to the CHP.

Applicants can submit only one application per academic year. Each submission must follow the same format (as shown below). The applicant must clearly and succinctly describe the overall research project and why funds are needed. **Each application will be evaluated solely on materials presented in the proposal.** Applicants are encouraged to be as precise and detailed as possible.

Deadlines and Submission Instructions

Applications are performed on a rolling basis and must be submitted to **Dr. Ksenia Ustinova** (ustin1k@cmich.edu). Please attach the application as one PDF file. In the subject line of the email, please provide last name, and CHP Research Assistance. If funding is provided, the Applicant is **required** to acknowledge The Herbert H. and Grace A. Dow College of Health Professions for support on all work (i.e., presentations and publications).

Funding Support Areas

Funding may be used to support the cost of the following items: research equipment, (i.e. pipettes, gauze, bandages, electrodes, filters, or other expendable supplies), printing/copying, postage, chemicals/cleaning supplies, software programs or software updates (not covered by CHP or CMU), and **pages charges** for publication in high quality peer-reviewed scientific journal. The journal must be ranked in the first quartile of journals publishing in an area of author's scientific interests or practice. Other items may be approved based on the description provided.

Funding is not intended to support the repair of broken equipment, pay for required calibrations, or studies that are underway. Faculty working with students may not apply for this research funding assistance in combination with having their student/s completing a student research grant. In addition, those who have been awarded an external grant, CHP faculty research grant or other internal grants to support this study will not receive funding through this source during the same academic year.

Fund Disbursement

Funding will be provided through reimbursement only. Original receipts and/or quotes must be submitted to the faculty members department. Please refer to your respective department regarding management of expenses. Reimbursements will only be applied to the faculty members' research account (4 account). Award recipients that do not fulfill these obligations will not receive funding.

Application Requirements

Sections below must be completed to receive consideration.

Section I. Application Cover Sheet

This form should be completed and appear as the **first page** of the proposal. Use the form provided at the end of these instructions

Section II. Explanation for Request

In this box below, please provide an explanation for your request. Do not exceed 1 page. In addition, if you are currently receiving any funding from other sources to support the proposed study report this information here. Do not include research start-up funds in this section.

Section III. Supporting Documents

If your proposal involves the use of human subjects, vertebrate animals, or recombinant DNA and approval has been granted by the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), or Institutional Biosafety Committee (IBC), include a copy of the letter. If you request page charges reimbursement, please

provide a proof of article acceptance, and justification of high rank of the journal you intend to publish. The article must be accepted for publication within 2020-2021 fiscal year.

Section I. Application Cover Sheet

Title of Project _____

Principal Investigator

Name _____ Credentials _____

Address _____

Phone _____ E-Mail _____

Project Timeline	Start Date	End Date

Budget	Requesting	Other CMU Funding*
	\$ _____	\$ _____

**Please indicate additional funding to support this research project. This includes, department funds, research money or start-up funds. If the applicant has start-up funds or other monies remaining in research accounts, please indicate the amount of funding remaining and what portion of the funding is being used to support the proposed study. If remaining funds are not being used, please justify why in the below space.*

Project Information and Special Considerations (Yes, No)

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Is all scholarly activities within your Online Faculty Information System (OFIS) current from the last 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ If “No”, funds will not be awarded. | | |
| • Will you accept partial funding if full funding is not available? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is departmental support being requested? | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ If “Yes”, collectively, how much \$ _____ | | |
| ○ If “No”, please explain why in Section II. | | |
| • Is this project related to another project currently funded through internal or external sources? (If so, please discuss why you are requesting funding)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your research project involve blood-borne pathogens? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you previously received funding for this study through the CHP or FRCE? | <input type="checkbox"/> | <input type="checkbox"/> |

**To answer questions on this page as well as the next page, double click on the box and select “checked”.*

Note: If University employment is terminated within the approved grant timeline, any unspent funds will revert back to the CHP. Should funds be spent after leaving the University, I agree to reimburse the College the amount spent after the date of termination of employment.

AUTHORIZING SIGNATURES

Applicant: _____ **Date:** _____

Department/Representative Chair: _____ **Date:** _____

Section II. Explanation of Request

In the space below, please provide a brief explanation of your request. Also, include the current inventory of requested items and any remaining funds in your research account that are not being allocated to this study.

Section III. Supporting Documents

Please provide a copy of your institutional compliance or other supporting documents below.