



Faculty Research Assistance Guidelines

The Herbert H. and Grace A. Dow College of Health Professions (CHP) is currently accepting applications to support the university approved research expenses, up to a maximum of **\$500**. All full-time tenured, tenure-track, and fixed-term CHP faculty members are eligible to apply. Applications will be reviewed continuously through the year. If funded, applicants will have one year to spend the funding. Any unused funds at the end of the funding year will be returned to the CHP. Each applicant is allowed to submit only one application per academic year.

Funding Support Areas

The funding can be used to cover the costs of such items as research supply (e.g. pipettes, gauze, bandages, electrodes, filters, or other disposable supplies), printing and copying, postage, chemicals and cleaning supplies, software programs or updates (not covered by CHP or CMU), and fees for publishing research articles in high-quality peer-reviewed scientific journals (e.g. journals listed as peer-reviewed in Ulrich's Periodicals Directory). The funds cannot be used to pay for journal open access charges or color images if they are not required by the journal for publication. Other items may be considered for funding based on the provided description.

The funding is not intended for repairing broken equipment, covering required calibrations, or supporting ongoing studies. Faculty members cannot apply for this research funding assistance in combination with other CHP internal grants during the same academic year. Additionally, individuals who have already received an external grant that can cover the same expenses are not eligible to receive funding from this source during the same academic year.

Fund Disbursement

If approved, the funds will be transferred to the assigned cost center. Funding is provided only through reimbursement. Original receipts and/or quotes must be submitted to the department of the faculty members. Please contact your respective department for guidance on managing expenses. Award recipients who do not fulfill these obligations will not receive funding.

APPLICATIONS INSTRUCTIONS

The applicant must clearly and concisely explain the need for funding proposed research-related expenses. The sections below must be completed in order to receive consideration. Each application will be evaluated based on the materials included in the proposal.

1. Application Form

Complete the Faculty Research Assistance Application Form below. The form needs to be signed by both the project director and the chairperson of the respective department. If you plan to use digital signing, please download the form onto your hard disk and open it with Acrobat version 6 or later.

Indicate in the Application Form if there is any additional funding available to support this project. This could include department funds, research money, or start-up funds. If you have any remaining start-up funds or other funds in research accounts, please specify the amount of funding that is still available and how much of it will be used for this project. If the remaining funds are not being used, please provide an explanation in the designated space.



In the Explanation of Request section, please be as specific as possible, while describing your request. Also, please confirm that you are not currently receiving any funding from other sources for this request. If you have any funds available that are not enough or cannot be used to cover this expense, please indicate it.

2.Supporting Documents

Please include the current inventory of the requested item(s) and any other documents that support your request, such as a vendor quote or journal invoice. If you are requesting reimbursement for article publication fees, please provide proof of article acceptance and justification of the journal quality.

3.Submission of application

Please combine all the documents into one, save it as a single PDF file, and email this file to **Dr. Ksenia Ustinova** at (ustin1k@cmich.edu). In the subject line of the email, please type your last name, and CHP Faculty Research Assistance. Please allow 2-3 weeks to review your application.

FACULTY RESEARCH ASSISTANCE APPLICATION

Project Title

Email

Department

Budget Requested \$

Phone

Other CMU Funding* \$

Total Item Cost \$

**Please provide information about any additional funding that can be used to support this request. If you have any remaining start-up funds or funds in research accounts, please specify the amount of funding that is still available and how much of it will be used to purchase the requested item. If the remaining funds will not be used, please explain the reason in the space provided below.*

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? If “No”, funds will not be awarded
- Will you accept partial funding if full funding is not available?
- Is this project related to another project currently funded through internal or external sources? (If so, please discuss in “Explanation of Request” why you are requesting funding)?
- Have you previously received funding for research assistance through the CHP?

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*

Project Director

Date

Department Chair

Date

Explanation of Request