Total Amount Requested: $Click here to enter text. Revised 7/1/17

**FACULTY DEVELOPMENT**

***Application for funding***

**To be completed by Faculty Applicant:**

Name: Click here to enter text.

Department: Click here to enter text.

Rank: Click here to enter text.

Dates of appointment *(visiting or temporary only)*: Click here to enter text.

**Project Details:**

 *(All fields will expand as you type)*

1. Project description and significance to the field: Proposals should be written for educated non-specialists and should be free of jargon.

*(Describe your project in the context of a larger research agenda, both in terms of your past work and future trajectory.)*

Click here to enter text.

1. Proposed Activities:

*(Describe in detail what artifacts or documents are located at the archive or site to be visited, and why access to them is crucial for completion of your project.)*

Click here to enter text.

1. Expected Outcomes: Click or tap here to enter text.
2. Proposed Project Duration: From: Start Date To: End date
* *Include a detailed timeframe outlining activities to be undertaken and projecting when the project might be completed.*
* *If you have other commitments or overlapping obligations during the proposed project period, please indicate how your time will be allocated.*

Click or tap here to enter text.

1. Detailed budget including supporting documentation regarding travel and lodging cost (see sample budget below):

|  |
| --- |
| **Sample Itemized Budget**  |
| **Destination:** Click here to enter text. | **Travel Dates:**Dates |
| **Description of Expense** | **Amount** |
| Roundtrip airfare ticket (example GSO-London) Click here to enter text. | $Amount |
| Transportation (mileage, streetcars, bus, train, etc…) Click here to enter text. | $Amount |
| Conference Fees (registration, etc…) Click here to enter text. | $Amount |
| Hotel (amount per night multiplied by number of nights) Click here to enter text. | $Amount |
| Meals and Incidentals:$50 Domestic; $75 International(Hotel reimbursements may not go over rate of conference hotel)Click here to enter text. | $Amount |
| Miscellaneous (photocopies, microfilms, library fees, supplies etc…)Click here to enter text. | $Amount |
| **Total Amount Requested** | $Total |

1. Have you applied for external support for this project? If yes, please provide the funding source to which you have applied and the status of your application:

Click or tap here to enter text.

1. Have you applied for Provost travel funds and department funding for this project? If yes, which fund and how much?

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Fund | Insert Name of Fund | Amount | $Amount |
| Name of Fund | Insert Name of Fund | Amount | $Amount |
| Name of Fund | Insert Name of Fund | Amount | $Amount |

1. Previous Internal Award History (please indicate awards received in the past 4 years):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Archie Fund | Year | Year | Amount | $Amount |
| Faculty Development | Year | Year | Amount | $Amount. |
| Dingledine | Year | Year | Amount | $Amount |
| Research and Publication | Year | Year | Amount | $Amount |

1. Please attach a current CV to this application.

 Date

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*Signature of Applicant* Date

**To be completed by Department Chair:**

|  |
| --- |
|[ ]  This project should be funded |
|[ ]  This project should be partially funded |
|[ ]  This project should not be funded |

* **Please provide the rationale for your recommendation above:** **All proposals must be accompanied** **by a supporting letter from the departmental chair**. Please note that this letter is a crucial component of the review process. Chairs are asked to vet proposals to ensure that applicants have provided all information requested above, and that it is comprehensible to an educated audience of non-specialists. Chairs should indicate whether they endorse the particular project proposal in terms of its teacher-scholar relevance, viability, and necessity. In the case of conference travel or funding requested to support performance or exhibition of creative work, the chair is asked to provide an evaluation of the quality and selectivity of the conference, workshop or exhibition venue.
* **Please provide your endorsement here:**

 Click or tap here to enter text. Date

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*Name of Department Chair or Equivalent* Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Department Chair or Equivalent*

*Document to be submitted by department chair to Leigh Anne Wray at wrayla@wfu.edu*