

Mini Grant Application

ROLLING DEADLINE Submit when all parts complete

STUDENT INFORMATION

be funded.

Name:	Student #: 95	
	(This will be used to access your transcript)	
College Address:	NetID:	
Major(s):	Phone:	
College(s) (CALS, CAS, CEMS, CESS, CNHS, GSB, HCOL, RSENR):	GPA:	
I have received prior FOUR funding (yes or no):	Current Year (1st, Soph, Jnr, Snr):	
If yes, list awards?	Expected Graduation Date (month/year)	
If in HCOL, is this your thesis research? (Yes or No) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	If Yes, I am attaching my home college's approval of my thesis proposal. (Yes or No)	
PROJECT TITLE:		
Dates of the Project (covered by the funding):		
Specific location where work will be done (campus build	ling/room, if other state/country, etc.)	
UVM FACULTY INFORMATION and FACUI	LTY SPONSOR FORM	
Name:	UVM Department:	
Email:	Telephone:	
Faculty must agree to sponsor your research, meaning the oversight appropriate to your discipline, helping you with	, , ,	

Providing your student number and NetID verifies your degree-seeking status and is used as a "signature" on this application asserting that this is your own work.

available in person or consistently via Skype, phone, or email during your project. Unsupervised students will not

Attach (or submit separately) FOUR Faculty Sponsor Form.

This checklist helps determine the additional review necessary to approve this award. Please make your answers as complete as possible to speed up the review process. Attach any trainings or other documentation that help verify your proposed project. No funding will be given until ALL compliance statements are verified.

RESEARCH COMPLIANCE: My work involves

(Check all that apply to your project OR Check N/A (for not applicable)

N/A

Animals (inclusive of lab, farm, and field/wild) - Corresponding IACUC approval #:

Biological or Infectious materials including:

DNA

Recombinant DNA - Corresponding IBC Protocol #

Bloodborne pathogens

Virus, Bacteria, Parasite -Corresponding IBC Protocol #

Chemicals, Compressed gases, Controlled substances, or Select Agents

Domestic travel

Driving? Driver Training to operate UVM vehicle (required for insurance purposes)

Electrical, Hydraulic and other High Energy Systems

Farm and Animal or Field and Vehicle hazards

Human subjects -Corresponding IRB approval #:

International travel (Trip must be approved in GoAbroad prior receiving funds or traveling)

Location(s):

Expected travel dates:

Ionizing radiation or Lasers

Isotopes

Nanoparticles

Noise

Non-native/Invasive species

Shipping/Receiving/Transporting hazardous materials (includes samples in chemical solutions)

Ground

Air

Domestic International
Size or Quantity

Water, Diving, and Boat hazards (must have UVM safety training)

ATTACH DOCUMENTATION FOR ANY TRAINING, APPROVAL, OR PROTOCOL NUMBER.

^{*}May require authorization of student/faculty training or other approvals prior to receiving funds. We may contact you or your faculty.



University Heights South, ste. 009 FOUR@uvm.edu

If you do not need money for research expenses, indicate "N/A" and explain in the "Alternate source" section below. This will help us fund more students.

	Budget	Worksheet Form	[
Award A	applying for:		
Name:		netID:	Date:
Honors College?	Yes No		

Supplies (in categories): Consumables, equipment, services, subject payments, etc.	Explanation/Justification	Amount (Nearest Dollar)
	Total	\$
Travel: Airfare, mileage, hotel, meals, registration fees, etc.	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration	Explanation/Justification	Amount (Nearest Dollar)
hotel, meals, registration		
hotel, meals, registration	Explanation/Justification Total	Amount (Nearest Dollar) \$

Alternate source of funding for costs over and above the average limit of this award:



Justify or further explain expenses here, where necessary. If funds come from multiple sources, you must indicate how FOUR funds will be used specifically:

	PRO	ECT DESCRIPTION (500 word maximum	MUST BE WRITTEN TO AN EDUCATED LAY AUDIENCE!
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- Introduction and background –explain what your project will be and how it fits with other work. Attach bibliography (as needed) to the back of document.
- Describe what you plan to do during this project and how it relates to your budget request (methods).
- Explain how the work will extend your present knowledge and may fit future career goals.

•		WITHOUT JARGON	-

Define the role of your faculty mentor: Describe how you will collaborate, how often you will meet, what (if any) direct responsibilities your advisor will play in the positive outcome of this research.
Is this project part of a larger project or study? Yes No
If yes, please explain.
List and Describe 3 measurable learning objectives and 2 specific skills you hope to accomplish/acquire as a result of completing this project. Learning 1
Learning 2
Learning 3
Skill 1
Skill 2
Timeline to completion: detail the steps and goals to achieve and provide approximate dates of each step: