**COMPETITION GENERAL RESEARCH FUND FY 2021**

|  |  |
| --- | --- |
| PI NAME:  | ACADEMIC RANK:  |
| PHONE:  | E-MAIL:  |
| DEPT:  | CHAIRPERSON:  |

PROJECT TITLE: Click here to enter text.

STATUS: [ ]  New [ ]  Renewal/Continuation (Special justification must be attached)

KEY WORDS (Provide up to 50 characters maximum that describes your project in disciplinary, sub-disciplinary terms.)

Click here to enter text.

I. SUMMARY OF RESEARCH OBJECTIVES (1 page maximum). This summary must explain what is to be done and its significance in a manner intelligible to any faculty member, regardless of discipline.

Click here to enter text.

1. RESEARCH PLAN, SUPPORTING DATA, AND PROPOSED TIME SCHEDULE. Please note PAGE LIMITATION of five (5) pages. (Attach Plan)
2. CURRICULUM VITAE OF APPLICANT (to be attached): Please note maximum page limitation of TWO (2) PAGES emphasizing the recent record of the applicant. (Attach vitae)
3. PROGRESS ON PAST GENERAL RESEARCH FUND APPLICATIONS
	1. If you were awarded General Research Fund Allocations in the past, please give account numbers for the two most recent allocations:

(For past account numbers you can contact Kelly Baysinger – kbaysinger@ku.edu)

Account Number: Click here to enter text.

Title: Click here to enter text..

$ Amount: Click here to enter text.

Account Number: Click here to enter text..

Title: Click here to enter text.

$ Amount: Click here to enter text.

Total number of awards provided by General Research Fund

Total # of Awards: Click here to enter text.

# of Awards received for current “Titled” project: Click here to enter text.

List results of all past General Research Fund Allocations in terms of publications, proposals, grants and contracts for outside support. **Please list publications in bibliographic format (or attach list).**

Click here to enter text.

1. CURRENT AND FUTURE RESEARCH SUPPORT AND SOURCES OF FUNDING
	1. Please list all current or submitted projects to another agency for support. List name of agency, title of project, amount, and names of all co-investigators. If current support, list source, amount, title of project and the period.

Click here to enter text.

1. Are there other sources, prospects, or plans for future support for this project or its substantial equivalent? To what extent does this request duplicate or supplement your presently funded research or the research program of a collaborator. Be specific about your plans for application, agencies and time schedule.

Click here to enter text.

1. **UNIVERSITY REGULATIONS FOR RESEARCH PROJECT**. **This page and any approvals are required!**

Enclose approvals, if applicable. Every applicant must complete one of these forms for each application set.

1. Human Subjects
	1. Does this project involve human subjects (includes interviews, questionnaires, surveys and observations)?

**Yes** [ ]  **No** [ ]

* 1. If Yes, have you applied for approval from the Human Subjects Committee? (HSCL, 864-7429) **Yes** [ ]  **No** [ ]
	2. Have you received approval? (**If Yes, attach the approval**) **Yes** [ ]  **No**[ ]
1. Animal Research
	1. Does the project involve animals? **Yes** [ ]  **No** [ ]
	2. If Yes, have you applied for approval from the Animal Care Committee? (iacuc@ku.edu, 864-8841) **Yes** [ ]  **No** [ ]
	3. Have you received approval? (**If Yes, attach the approval**) **Yes** [ ]  **No** [ ]
2. Radiation Safety
	1. Does the project involve radiation sources (includes x-rays, radioisotopes etc.)? **Yes** [ ]  **No** [ ]
	2. If Yes, have you applied for approval from the Radiation Safety Committee? (Contact the Environment,

Health & Safety Office, 4-4089) **Yes** [ ]  **No** [ ]

* 1. Have you received approval? (**If Yes, attach the approval**) **Yes** [ ]  **No**[ ]
1. Kansas Ecological Reserves
	1. Does the project involve Kansas Ecological Reserves? **Yes** [ ]  **No**[ ]
	2. If Yes, have you applied for approval from the Director of the Kansas Biological Survey? (Ed Martinko, 864-7770) **Yes** [ ]  **No** [ ]
	3. Have you received approval? (**If Yes, attach the approval**) **Yes**[ ]  **No** [ ]
2. Biohazards
	1. Does the project involve Recombinant DNA or other biohazardous materials? **Yes** [ ]  **No** [ ]
	2. If Yes, have you applied for approval from the Institutional Biosafety Committee? (contact the Environment, Health & Safety Office, 4-4089) **Yes**[ ]  **No** [ ]
	3. Have you received approval? (**If Yes, attach the approval**) **Yes** [ ]  **No** [ ]
3. Blood-borne Pathogens
	1. Will you or any member of your research staff be exposed to blood-borne pathogens? **Yes** [ ]  **No** [ ]

If Yes, please explain: Click here to enter text.

**Final approval of any allocation will be contingent upon applicant’s compliance with the above University regulations.**

**Competition GRF Budget - FY 2021**

**Budget Period: 07/01/20 - 06/30/21**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel:** | **Budget Request** | **Committee Recommendation** | **Final Allocation** |
| Principal Investigator, salary requested\* (28 days max) Gross Pay |  |  |  |
| Fringe Benefits of faculty salary **(Gross x 35%)** |  |  |  |
| Graduate Research Assistant(s)\* Gross Pay |  |  |  |
| Fringe Benefits of GRA **(Gross x 7%)** |  |  |  |
| Student Hourly(s)\* Gross Pay |  |  |  |
| Fringe Benefits of student salary **(Gross x 7%)** |  |  |  |
| Post Doc(s) Gross Pay |  |  |  |
| Fringe Benefits of Post Doc **(Gross x 35%)** |  |  |  |
| **Salary and Fringe Totals** |  |  |  |
|  |  |  |  |
| **Consumable Materials and Other Costs (itemize below):** |  |  |  |
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| **Total Consumable Materials & Other Expenses** |  |  |  |
|  |  |  |  |
| **Travel for Research:** |  |  |  |
| In-state travel: Click here to enter text. |  |  |  |
| Click here to enter text. |  |  |  |
| Out-of-state travel: Click here to enter text. |  |  |  |
| Click here to enter text. |  |  |  |
| Foreign travel: Click here to enter text. |  |  |  |
| Click here to enter text. |  |  |  |
| **Total Travel for Research** |  |  |  |
|  |  |  |  |
| **GRAND TOTAL BUDGET** |  |  |  |

**\*** Payroll appointments must be between 6/14/2020 and on or before 6/19/2021.

**Budget Checked by department accounting/payroll staff sign:**

[ ]  Curriculum vitae attached

 [ ]  Approvals for University Regulations for Research Projects attached, if appropriate

[ ]  Period of salary request conforms to budget instructions

If your award pays any salary and fringe benefits: the fringe benefits show in the budget represent the employer’s portion only. That is the amount paid by the university. The employee’s portion of fringe benefits will be deducted from the gross salary in the budget.

Signature of Applicant Approved: Signature of Chairperson