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FDA (FACULTY DEVELOPMENT AWARD)
Coversheet <u>DEADLINES- Spring: March 1 Fall: October 1</u>

_____   _____   _____/_____ Yrs
Principal Investigator (Last/First)   Position or Title   Department & Years at KSU (as Asst Prof or above)

_____@ksu.edu **785-**_____-_____   _____
E-Mail Address   Phone Number   Office Address

_____   _____@ksu.edu **785**-_____-_____
Dept Account Rep's Name (Last/First)   E-Mail Address   Phone Number

_____   _____   _____/_____ Yrs
Co- Investigator (Last/First)   Position or Title   Department & Years at KSU (as Asst Prof or above)

EVENT TITLE: (Include <u>Conference Title</u>, <u>Paper Title</u>, <u>Dates</u> and <u>Location</u>)**:**
FDA

Total FDA Amount Requested to nearest Dollar: $_____

Total Amount of Any Supplemental Funding being given: $_____   _____
                                                                                                                        Supplemental Funder's Name/ Dept.

                                                                                                    $_____   _____

                                                                                                    $_____   _____

COMPLIANCE CHECKLIST
Does your research project involve any of the following (even if protocol is exempt)?

Human Subjects   ____YES____NO

Radioactive Materials   ____YES____NO

Live vertebrates   ____YES____NO

Biohazards including recombinant or synthetic nucleic acid molecules and infectious agents.   ____YES____NO

APPLICATION CHECKLIST:
To be considered for funding, include the following documentation in your packet:
1. **FDA coversheet** (this page);
2. **Abstract** (1 page maximum) include **conference title, paper title, dates and location;** this should be an abstract of your submission and NOT of the paper you are presenting;
3. **Detailed Budget** include pertinent back up documentation (Expedia, Orbitz, etc.) as well as how you arrived at your costs if estimated and list any supplemental funding;
4. **Supplemental Funding** information, if applicable;
5. **Detailed Itinerary** if traveling;
6. **Narrative** (4 page maximum) explain WHY funds are needed; WHY the meeting is important to you and Kansas State University; and HOW it fits into your overall career/research plan;
7. **Short Vita** (2 page maximum);
8. **Funding History** (applied, received, and/or declined) for past 3 years and status of funding received; including FDA & USRG funding;
9. **Department Head's Letter Form of Support** (required);

TO SUBMIT:
1. **Create ONE PDF file of the items listed above** (in the order listed);
2. **E-Mail the PDF as an attachment to ord@ksu.edu;** by the deadline (March 1 for spring or October 1 for fall)
3. **Signatures will be generated by the e-sign system**. You will receive an email from the system and should immediately log in through the link in the email and sign as PI. Your department head and dean will then receive emails requesting their signatures. Make sure your department head is aware that their signing will be requested via e-sign. **ORD must receive all signatures within a week of the proposal due date; otherwise your proposal will be returned without review.** You will not receive a reminder to complete this task.

If you have any questions, feel free to call ORD at 785-532-6195 or e-mail ord@ksu.edu.
INCOMPLETE PROPOSALS WILL NOT BE ACCEPTED