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FDA (FACULTY DEVELOPMENT AWARD) Coversheet

DEADLINES- Spring: First Monday in March & Fall: First Monday in October

_____ _____ _____/_____ 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 Conference Title, Paper Title, Dates and Location)**:**

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 (first Monday in March for spring or October 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