

OFFICE OF RESEARCH AND DEVELOPMENT SEED GRANT APPLICATION

Note: This application must be completed in consultation with the Office of Research and Development prior to its submission to the Dean of Graduate Studies and Research.

Applicant's Name: _____ Phone: _____

Department, Division or Office: _____

Quarter and Year You Wish to Use the Award: _____

Amount Requested: \$ _____

Personnel:

Released time at replacement rate (currently \$1,104.27 per unit)

\$ _____

Research assistants, etc. \$ _____

Other (describe briefly): \$ _____

TOTAL amount requested \$ _____

(not to exceed \$5,000)

Summary of activities related to the preparation of a major, competitive proposal to an external agency from the use of these funds (include below or attachment):

Information About the Projected Proposal:

A.	GENERAL INFORMATION	
	Principal Investigator	
	Sponsor	
	Project Title	
	Proposed Funding Amount	
	Proposed Project Period	

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B. **PERSONNEL** - List every person who would be paid by the proposed grant or would otherwise participate in the proposed activities. Projected positions that are "to be named" should also be shown.

	Name	Employer (CSULA, UAS, Consultant)	Position Title on Grant	Units/Percent of Time Proposed
1				
2				
3				
4				

C. **SUBGRANT(S) OR SUBCONTRACT(S)**

	Subgrant/subcontract Institution, Address	Proposed Funding Amount	Contact Person, Email Address or Phone Number
1			
2			

D. **PROJECT LOCATION(S)**

	Site Name & Address	Projected Percent of Time at Site	Will on-campus space or off-campus rental agreement need to be arranged? (Y or N)
1			
2			

E. **ADDITIONAL PARTIES INVOLVED (e.g. Prime Sponsor, Third Party, etc.)**

	Party Name	Supervisor	Explanation of Involvement (Extent/Use, By Whom, etc.)
1			
2			

F. **PROJECTED BUDGET DETAILS**

Agency's F&A (Indirect) Cost Rate	%	F&A rates of less than 41.2% are not advised, but if the agency limits the rate at a lower amount, you will need to make arrangements with the Director of Research Administration (x3799)
Is cost sharing required by the agency?	Y or N	If yes to either, you will need approvals from Department Chair, College Dean/Associate Dean, and Director of Research Administration
Is cost sharing requested by the PI?	Y or N	
Computer(s) to be requested	How many?	
Equipment to be requested?	Name(s) and approximate cost(s)	
	1	

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	2
	3

G. SPACE (Indicate if any space will be required as part of the for the proposed work/activity)

Item (personnel, equipment, storage, etc.)	New space, change of use, or renovation?	Source of funds
1		
2		
3		
4		

H. HAZARDOUS SUBSTANCES (Note that you will need to obtain proper clearance from EHS and confirmation of their approval if you expect to work with hazardous agents)

Name of agent	Type (biohazard, radiation, recombinant DNA)
1	
2	
3	
4	

I. OTHER COMPLIANCES

Human Subjects?	Y or N	If yes, consult with IRB Compliance Specialist (Ellen Stein, x 3798)
Vertebrate Animals?	Y or N	If yes, consult with IACUC Compliance Specialist (Ellen Stein, x 3798)

J. OTHER SERVICES (indicate which of the following services you will need for this proposal)

Assistance with proposal development (e.g., conceptualization, writing, editing)	Y or N	
Technical assistance (e.g., formatting documents; creating charts, tables, graphs; scanning of documents)	Y or N	
Letter(s) of support		
President	Y or N	
Provost	Y or N	
Dean of Graduate Studies & Research	Y or N	

K. SCOPE OF WORK -- Please attach a brief project description.

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Acknowledgement

By signing below, the applicant acknowledges that a condition of a Seed Grant award is the preparation and submission of a major, competitive proposal to an external agency within one year of the Graduate Studies & Research award letter date.

Applicant: _____
(Date)

Approvals

Department/Division Chair or Office Administrator: _____
(Date)

College Dean or Other Appropriate Administrator: _____
(Date)

Director of Research Administration: _____
(Date)

Dean of Graduate Studies and Research: _____
(Date)