### 

### 2016 CIMM Seed Grants Proposal

**1. Applicant’s Name, Position & Contact Information**

*(Last Name) (First Name) (MI)*

( ) ( ) \_\_\_\_\_

## Phone Fax Email

*(Institution) (Department/Unit)*

*(Mailing Address)*

*(City) (State) (Zip Code)*

**PI Status:** Tenure-track  Tenured  Non-tenured Research Faculty

Other (please specify): Click here to enter text.

**PI Rank:** Assistant Professor  Associate Professor  Full Professor

**2. Project Title:**

**3. Project Summary (250 words max):**

[Project Summary Word Count: \_\_\_\_\_\_\_ words]

**4. Acceptance of Program Requirements:** By submitting my proposal electronically, I agree that I have read and understand the program requirements detailed in this RFP under Award Conditions. If awarded, I agree to ensure timely compliance to all program requirements.

**PROSPECTIVE REVIEWERS:**

Provide the name, title, affiliation, mailing address, telephone number, and e-mail address for at least three out-of-state scholars from the U.S. in the specific field of your proposal who are qualified to evaluate your application and/or who can recommend other individuals who are qualified to evaluate your proposal.

**Conflict of Interest Criteria:**

Reviewers cannot 1) have been a Louisiana faculty member during the previous five years; 2) have collaborated on a publication, funded project, or as a paid consultant with the applicant during the past five years; 3) have supervised the master’s thesis, doctoral candidacy, or post-doctoral work of the applicant, or 4) be affiliated with institutions where the applicant was a student or previously employed.

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| **Name** | **Title & Affiliation** | **Phone number and e-mail** |
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2016 CIMM Seed Grants

**For National Science Foundation Reporting Purposes Only**

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Ethnicity:** (Choose one response) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_Not Hispanic or Latino

**Race:** (Select one or more)

\_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White \_\_\_\_\_ Prefer not to respond

**Disability Status:**

\_\_\_\_\_ Hearing Impairment \_\_\_\_\_ Mobility/Orthopedic Impairment

\_\_\_\_\_ Visual Impairment \_\_\_\_\_ Other \_\_\_\_\_ None

\_\_\_\_\_ Prefer not to respond

**Why this information is being requested:**

The National Science Foundation (NSF) is committed to providing equal opportunities for participation in its programs and promoting the full use of the Nation’s research resources. To aid in meeting these objectives, NSF requests information on the gender, race, ethnicity and disability status of individuals participating in NSF-sponsored activities. Provision of this information is voluntary.

*The above information will be used for NSF reporting purposes only and will not be considered as a precondition of a CIMM Seed Funding award.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUMMARY PROPOSAL BUDGET** | | | | | | |  | | | | | | |
| ORGANIZATION | | | | | | | PROPOSAL NO. | | | | DURATION (MONTHS) | | |
|  | | | | | | |  | | | | Proposed | | Granted |
| PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR | | | | | | | AWARD NO. | | | |  | |  |
| A. SENIOR PERSONNEL: PI/PD, Co-PIs, Faculty and Other Senior Associates | | | | | | NSF-Funded | | | | Funds | | Funds | |
| List each separately with name and title. (A.7. Show number in brackets) | | | | | | Person-months | | | | Requested By | | Granted by NSF | |
|  | | | | | | CAL | ACAD | | SUMR | Proposer | | (If Different) | |
| 1. | | | | | |  |  | |  | $ | | $ | |
| 2. | | | | | |  |  | |  |  | |  | |
| 3. | | | | | |  |  | |  |  | |  | |
| 4. | | | | | |  |  | |  |  | |  | |
| 5. | | | | | |  |  | |  |  | |  | |
| 6. (   ) OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE) | | | | | |  |  | |  |  | |  | |
| 7. (   ) TOTAL SENIOR PERSONNEL (1-6) | | | | | |  |  | |  |  | |  | |
| B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS) | | | | | |  | | | | | | | |
| 1. (   ) POSTDOCTORAL ASSOCIATES | | | | | |  |  | |  |  | |  | |
| 2. (   ) OTHER PROFESSIONALS (TECHNICIAN, PROGRAMMER, ETC.) | | | | | |  |  | |  |  | |  | |
| 3. (   ) GRADUATE STUDENTS | | | | | |  |  | | |  | |  | |
| 4. (   ) UNDERGRADUATE STUDENTS | | | | | |  |  | | |  | |  | |
| 5. (   ) SECRETARIAL - CLERICAL (IF CHARGED DIRECTLY) | | | | | |  |  | | |  | |  | |
| 6. (   ) OTHER | | | | | |  |  | | |  | |  | |
| TOTAL SALARIES AND WAGES (A + B) | | | | | |  |  | | |  | |  | |
| C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS) | | | | | |  | |  | |  | |  | |
| TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C) | | | | | |  | |  | |  | |  | |
| D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING $5,000.) | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
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|  | | | | | | | | | |  | | | |
| TOTAL EQUIPMENT | | | | | | | | | |  | |  | |
| E. TRAVEL | 1. DOMESTIC (INCL. CANADA, MEXICO AND U.S. POSSESSIONS) | | | | | | | | |  | |  | |
|  | 2. FOREIGN | | | | | | | | |  | |  | |
| F. PARTICIPANT SUPPORT | | | | | | | | | |  | | | |
| 1. STIPENDS | | $ |  |  | | | | | |  | | | |
| 2. TRAVEL | |  |  |  | | | | | |  | | | |
| 3. SUBSISTENCE | |  |  |  | | | | | |  | | | |
| 4. OTHER | |  |  |  | | | | | |  | | | |
| TOTAL NUMBER OF PARTICIPANTS (     ) TOTAL PARTICIPANT COSTS | | | | | | | | | |  | |  | |
| G. OTHER DIRECT COSTS | | | | | | | | | |  | |  | |
| 1. MATERIALS AND SUPPLIES | | | | | | | | | |  | |  | |
| 2. PUBLICATION/DOCUMENTATION/DISSEMINATION | | | | | | | | | |  | |  | |
| 3. CONSULTANT SERVICES | | | | | | | | | |  | |  | |
| 4. COMPUTER SERVICES | | | | | | | | | |  | |  | |
| 5. SUBAWARDS | | | | | | | | | |  | |  | |
| 6. OTHER | | | | | | | | | |  | |  | |
| TOTAL OTHER DIRECT COSTS | | | | | | | | | |  | |  | |
| H. TOTAL DIRECT COSTS (A THROUGH G) | | | | | | | | | |  | |  | |
| I. INDIRECT COSTS (F&A) (SPECIFY RATE AND BASE) | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
| TOTAL INDIRECT COSTS (F&A) | | | | | | | | | |  | |  | |
| J. TOTAL DIRECT AND INDIRECT COSTS (H + I) | | | | | | | | | |  | |  | |
| K. RESIDUAL FUNDS (IF FOR FURTHER SUPPORT OF CURRENT PROJECT SEE GPG II.D.7.j.) | | | | | | | | | |  | |  | |
| L. AMOUNT OF THIS REQUEST (J) OR (J MINUS K) | | | | | | | | | | $ | | $ | |
| M. COST SHARING: PROPOSED LEVEL $ | | | | | AGREED LEVEL IF DIFFERENT: $ | | | | | | | | |