**Instructions**

See “Faculty Scholarship Grant Program (FSGP) Overview and Program Procedures and Instructions for Grant Application Submission—2020 Funding Cycle” document for complete program procedures and instructions. The document can be located here:

<https://www.samuelmerritt.edu/academic-affairs/faculty-resources-and-support>

**FSGP Grant Proposal Checklist**

|  |  |
| --- | --- |
| **Grant Proposal Title:** | |
| Click here to enter text. | |
|  | |
| **Principal Investigator:** | Click here to enter text. |
|  | |
| **Date Submitted:** | Click here to enter text. |

# DOCUMENT COMPLETE CONFIRMED BY

# FORC

(1) This Checklist

(2) Cover Letter

(3) FSGP Application Criteria Checklist

(4) Supervisor Approval Form

(5) Biographical Sketch (NIH Template)

(6) Proposal Content

(7) Project Budget

(8) Disclosure of Financial Interests in Research  
 Form(s)

*Required from all researchers*

(9) Protection of Human Participants and/or  
 Certification of BioSafety

The link to the Scoring Rubrics used to evaluate FSGP proposals is found at the end of this packet as an informational item.

***If any of the above required items are found to be incomplete the entire application will be returned to the faculty member identified as the principal investigator without review.***

**Cover Letter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Proposal Title:** | | | |
| Click here to enter text. | | | |
|  | | | |
|  | | | |
| **Name, Rank and Department of All Submitting Faculty:** | | | |
|  | | | |
| Click here to enter text. | | | |
| Principal Investigator Name, Rank and Department | | | |
| Click here to enter text. | | | |
| Name, Rank and Department | | | |
| Click here to enter text. | | | |
| Name, Rank and Department | | | |
| Click here to enter text. | | | |
| Name, Rank and Department | | | |
|  | | | |
| **Date submitted to the FORC:** | Click here to enter text. | | |
|  | | | |
| **Dates Covered by the Research Project (estimated):** | Click here to enter text. |  | Click here to enter text. |
|  | Starting (MM/DD/YY)\* | | Ending (MM/DD/YY)\*\* |
|  | | | |
| **Total Amount Requested:\*\*\*** | $Click here to enter text. | | |
|  | | | |

\* FSGP decisions are expected in May 2020. Funding will not be released until SMU IRB has given approval for the study to start. Applicants are advised to consider start dates that take into account this process.

\*\* Maximum length of FSGP projects: 3.5-years from release of funding.

\*\*\* Maximum allowed: $50,000.

**FSGP Application Criteria Checklist**

Instructions: Check the box for either Category 1 or Category 2 and answer the questions in the appropriate section.

|  |  |
| --- | --- |
| **Category 1:** | |
|  | |
| Is this a collaborative project that Involves researchers from more than one professional discipline? | |
|  | |
| Yes | No |
|  | |
| Is the aim of the project to improve inter-professional education and practice? | |
|  | |
| Yes | No |
|  | |
| Is the aim of the project to Improve teaching and learning outcomes at SMU, including teaching and learning in the clinical environment? | |
|  |  |
| Yes | No |
|  | |
| **If you answered yes to any of the above, please make sure your proposal content (item 6 of this application packet) adequately describes how it meets these criteria.** | |
|  | |
| **Category 2:**  If you are applying for a Category 2 grant, check below which of the three programs you are applying for and answer the associated questions: | |
|  | |
| **Bridge Program:** | |
| Have you previously received funding support from an external agency related to the line of investigation proposed in this application in amounts in excess of $50,000? | |
| Yes | No |
| Did you successfully complete the grant and meet all of the grant criteria? | |
| Yes | No |
| Are you preparing to submit a grant proposal for a research project related to those previously funded? | |
| Yes | No |
|  | |
| **Developing Faculty Program:** | |
| Have you previously received a University Faculty Research Grant? | |
| Yes | No |
| Have you previously received external funding less than $50,000? | |
| Yes | No |
| Does your proposal aim to serve the purpose of developing a research agenda that has the potential for external funding from foundations, professional associations, or corporations over a 3-5 year period? | |
| Yes | No |
|  | |
| **Funded Faculty Program:** |  |
| Do you have external funding for the project that you are proposing? | |
| Yes | No |
|  | |
| **If you answered yes to any of the above, briefly describe how your proposal meets the criteria for the program you are applying to (Bridge, Developing, Funded):** | |
| Click here to enter text. | |

**Supervisor Approval Form**

**Supervisor Approval Form for CATEGORY 1 Funding Proposals**

|  |  |  |
| --- | --- | --- |
| **Grant Proposal Title:** | | |
| Click here to enter text. | | |
| **Authors:** | | |
| Click here to enter text. | | |
| Principal Investigator (PI) Name, Rank and Department | | |
| Click here to enter text. | | |
| Name, Rank and Department | | |
| Click here to enter text. | | |
|  | | |
| **Today’s Date:** | | Click here to enter text. |
| As the supervisor of the PI listed above, by initialing below, I hereby attest the following to be true (as applicable):   1. Qualifications:    1. The PI has a proven track record of successful completion of research or other scholarly work in an area related to the research question   \_\_\_\_\_\_\_\_  Initial  OR   * 1. For new/developing faculty, the PI has evidence of professional accomplishments as an educator and scholar in the type of scholarly project being proposed   \_\_\_\_\_\_\_\_  Initial   1. Capacity:    1. If approved and funded, the PI will be able to complete this project within the time they currently have allocated for scholarly work, and continue to fulfill all their current responsibilities within the School/Department/Program/Institution   \_\_\_\_\_\_\_\_  Initial  OR  If release time is being requested, I have agreed to, and am confident in my ability to secure another faculty member to cover the teaching load that the PI will give up to pursue this research  \_\_\_\_\_\_\_\_  Initial  OR  If a salary supplement is being requested, I acknowledge that the all work the PI performs on this project will be **above and beyond the established requirements for teaching, scholarship and service**. (i.e. any time devoted to this project represents faculty overload).  \_\_\_\_\_\_\_\_  Initial  In addition, please use the space below to justify the use of a salary supplement over other support options (e.g. release time), and describe plans for sustaining the PI’s scholarly activity once the grant funds are expended. | | |
| 1. Resources:    1. I have reviewed the budget for the proposed project and am confident that, if funded, adequate resources will be available to see the project through to a successful completion according to the identified timeline   \_\_\_\_\_\_\_  Initial   1. Dissemination:    1. I have discussed with the PI a plan for dissemination of the research as described in the *Philosophy of Scholarship*, including identified likely sources for dissemination and a timeline for dissemination.   \_\_\_\_\_\_\_  Initial | | |
| I have reviewed the above Faculty Grant Proposal and Project Budget. I agree with the content and budget, and I approve the submission of the Proposal to the Faculty Organization Research Committee for consideration and review. | | |
|  | | |
| **Full Name and Title of Dean/Chair/ Director (or Designee):** | Click here to enter text. | |
| **Signature:** |  | |
| **Date:** | Click here to enter text. | |

**Supervisor Approval Form for CATEGORY 2 Funding Proposals**

|  |  |  |
| --- | --- | --- |
| **Grant Proposal Title:** | | |
| Click here to enter text. | | |
| **Authors:** | | |
| Click here to enter text. | | |
| Principal Investigator (PI) Name, Rank and Department | | |
| Click here to enter text. | | |
| Name, Rank and Department | | |
| Click here to enter text. | | |
|  | | |
| **Today’s Date:** | | Click here to enter text. |
| As the supervisor of the PI listed above, by initialing below, I hereby attest each of the following to be true (as applicable):   1. Qualifications:    1. The PI has a proven track record of successful completion of research or other scholarly work in an area related to the research question   \_\_\_\_\_\_\_\_  Initial  OR   * 1. The PI has evidence of professional accomplishments as an educator and scholar in the type of scholarly project being proposed   \_\_\_\_\_\_\_\_  Initial   1. Eligibility:    1. For a Bridge application, the PI       1. Has previously received funding support from an external agency in amounts in excess of $50,000; AND       2. Has successfully met all of the external funding agency’s criteria for the grant award; AND       3. Is actively preparing to submit a grant proposal for a research project related to those previously funded   \_\_\_\_\_\_\_\_  Initial   * 1. For a Developing Faculty application, the PI      1. Has previously received a University Faculty Research Grant; OR      2. Has previously received external funding less than $50,000; OR      3. Is actively preparing to submit a grant for an external faculty research development award, (e.g. NIH K award); OR      4. Is developing a research agenda that has the possibility for external funding from foundations, professional associations, or corporations over a 3-5 year period; OR      5. Has a previous track record of major external funding, but is beginning a new line of scholarly inquiry   \_\_\_\_\_\_\_\_  Initial   * 1. For a Funded Faculty application      1. The PI has a current source of external funding   \_\_\_\_\_\_\_\_  Initial   1. Capacity:    1. If approved and funded, the PI will be able to complete this project within the time they currently have allocated for scholarly work, and continue to fulfill all their current responsibilities within the School/Department/Program/Institution   \_\_\_\_\_\_\_\_  Initial  OR  If release time is being requested, I have agreed to, and am confident in my ability to secure another faculty member to cover the teaching load that the PI will give up to pursue this research  \_\_\_\_\_\_\_\_  Initial  OR  If a salary supplement is being requested, I acknowledge that the all work the PI performs on this project will be **above and beyond the established requirements for teaching, scholarship and service**. (i.e. any time devoted to this project represents faculty overload).  \_\_\_\_\_\_\_\_  Initial  In addition, please use the space below to justify the use of a salary supplement over other support options (e.g. release time), and describe plans for sustaining the PI’s scholarly activity once the grant funds are expended. | | |
| 1. Resources:    1. I have reviewed the budget for the proposed project and am confident that, if funded, adequate resources will be available to see the project through to a successful completion according to the identified timeline   \_\_\_\_\_\_\_  Initial | | |
| I have reviewed the above Faculty Grant Proposal and Project Budget. I agree with the content and budget, and I approve the submission of the Proposal to the Faculty Organization Research Committee for consideration and review. | | |
|  | | |
| **Full Name and Title of Dean/Chair/ Director (or Designee):** | Click here to enter text. | |
| **Signature:** |  | |
| **Date:** | Click here to enter text. | |

**Biographical Sketch**

A fillable version of the NIH Biographical Sketch template, including samples, can be downloaded by pasting the following link into your web browser:

<https://grants.nih.gov/grants/forms/biosketch.htm>

**Proposal Content**

|  |  |  |
| --- | --- | --- |
| 1. **Title:** | | |
| Click here to enter text. | | |
| 1. **Abstract:** (500 word limit)[rubric: Category 1 – 5%] *To what extent does the abstract accurately, completely, and concisely summarize the proposed research project?* | | |
| Click here to enter text. | | |
| 1. **Background and Significance of Project:** [rubric: Category 2 – 20%] *To what extent is the cited literature accurate and sufficiently comprehensive based on the research proposed? To what extent will the completion of the proposed research address the stated research problem/gap in knowledge and contribute to the current body of scientific knowledge in the area(s) relevant to the project?* | | |
| * Relevant literature review [rubric: Category 2A] * Research problem/phenomena of interest [rubric: Category 2B]   Click here to enter text. | | |
| 1. **Purpose, Hypotheses, Aims, Objectives:** [rubric: Category 3 – (25%)] *To what extent is/are the purpose, hypotheses, aims, and/or objectives of the proposed research specific, clear, and relevant? To what extent is/are the purpose, hypotheses, aims, and/or objectives of the proposed research realistic and achievable given the proposed timeline and budget?* | | |
| * Specific, clear, and relevant purpose, hypotheses, aims, objectives  [rubric Category 3A] * Purpose, hypotheses, aims, objectives are realistic and achievable  [rubric: Category 3B]   Click here to enter text. | | |
| 1. **Methods/Materials, Outcome Measures, Data Analysis and Management, and Results Analysis:** [rubric: Category 4 - (45%)] To what extent is the research design and methods/materials appropriate and adequately explained/justified for the proposed research? To what extent are the subject sampling/selection/recruitment methods appropriate for the proposed research? To what extent are the selected outcome measure(s) appropriate and justified for the proposed research? To what extent are the proposed methods of data collection, reduction, and analysis or evaluation/assessment appropriate for the proposed research (and for quantitative studies, to what extent have the authors described the validity and reliability of the measurement tools)? To what extent are the methods, including subject recruitment and data collection and analysis, feasible within the proposed timeline of the study? | | |
| * Research design and methods/materials appropriate and justified  [rubric: Category 4A] * Appropriate sampling method [rubric: Category 4B] * Outcome measures appropriate and justified [rubric: Category 4C] * Data management appropriate. Quantitative data are valid and reliable  [rubric: Category 4D] * Methods are feasible within proposed timeline [rubric: Category 4E]   Click here to enter text. | | |
| 1. **Budget:** [rubric: Category 5] *To what extent are the budget items fully described and justified given the stated purpose/aims of the proposed research?* | | |
| * Budget items are fully described and justified [rubric: Category 5A]   Click here to enter text. | | |

**Project Budget**

The budget template (a separate Excel file) can be found here. Reminder: this document needs to be converted to a PDF prior to submission.

<https://www.samuelmerritt.edu/academic-affairs/faculty-resources-and-support>

**Disclosure of Financial Interests in Research**

Provision of the information on this form is mandatory for *all Principal Investigator(s)* and/or team member and who has responsibility for the design, conduct or reporting of the study or sponsored project. ***Please provide one financial disclosure form for every member of the research team***.

Definition of financial interest includes:

* Income from a single entity including salary, consulting fees, honoraria, royalties, dividends or any other payments or considerations with value.
* Equity in any one enterprise in the form of stock, stock options, real estate, or any other investment or ownership interest.
* Income from a management position, such as board member, director, officer, or trustee in any business entity.
* Income from a position as employee in any business entity.
* Any vested financial interest in the work, materials and/or contracted entities involved in the scholarly work.

Principal Investigator’s Name: Click here to enter text.

Department: Click here to enter text. Phone Number: Click here to enter text.

Title of Proposal: Click here to enter text.

Name of the person making this disclosure: Click here to enter text.

I **do not** have a financial interest related to the research to be conducted as part of the above referenced project.

I **do** have a financial interest related to the research to be conducted as part of the above referenced project.

I **do not** have any conflict of interest directly related to financial considerations (such as family conflicts, elected or honorary positions with funding agency, etc.).

I certify that this is a complete and accurate disclosure of any financial interest, which would reasonably appear to be related to this sponsored project.

Signed: Date: Click here to enter text.

**Protection of Human Participants and Certification of Biosafety**

This form must be completed and included with ALL proposals

Study Title: Click here to enter text.

Institution(s) where research will be done: Click here to enter text.

Research requires another IRB/Biosafety (in addition to SMU): Yes  No

If an additional IRB/Biosafety approval is required, list institution: Click here to enter text.

The research in this proposal includes: (check all that apply)

Data from human participants – If yes, complete Section A below

Data from human tissue(s) – if yes, complete Section B below

Data obtained from methods involving biohazards, radiation, chemical hazards, etc. – if yes, complete Section C below

Other data that do not fit any of the above categories

Please provide a brief description of the data to be collected in this proposal in Section D below

Section A

If some or all of the specific aims of the research proposal are covered by a current IRB approval or approvals, attach the IRB approval letter(s) and consent form(s). In addition, please list:

Name of the approved study: Click here to enter text.

Date of IRB approval: Click here to enter text.

For specific aim(s) NOT covered in a current IRB approval include a brief description of the:

1. population (number, age, population),
2. potential risks for participation in the research, and
3. how participants will be protected from the potential risks.

Click here to enter text.

Section B

If the study involves human tissues/samples provide a brief description of the:

1. tissues being investigated, and
2. how the tissues/samples will be obtained.

If samples will be obtained from participants by the researchers, complete Section A above as well

Click here to enter text.

Section C

For studies involving biosafety issues (i.e.: biohazard, radiation, chemical hazards, etc.) please provide a brief description of the:

1. materials being used, and
2. description of how the described materials will be handled.

Click here to enter text.

Section D

For studies involving data that does not fit into any of the above categories, please provide a brief description of the:

1. data being used, and
2. description of how the data will be obtained and stored.

Click here to enter text.

|  |
| --- |
| If an IRB/Biosafety Approval has been received (including exempt status), please attach copy of the approval. |
| Note: No grant monies will be awarded to the PI until the FORC has received an IRB/Biosafety approval letter. |

**Scoring Rubric**

A description of the scoring rubric for the Faculty Scholarship Grant Program (FSGP) is available here:

https://www.samuelmerritt.edu/academic-affairs/faculty-resources-and-support