

EACH PI/CO-PI must submit this MULTIDISCIPLINARY RESEARCH AWARD (MURPA) APPLICATION form

WSU PROP # Date: Amount Requested:

Name: myWSU# Date Joined WSU

Rank/Title: Department/College:

Role: Proposals can only have ONE person identified as the PI. Indicate the % that should be allocated to this applicant:

Project Title:

Project Period From: To:

☐ Check here if teaching in the Summer

Check appropriate box(es) if this proposal includes any of the items listed below. **The cost of animal care and costs of disposal of radioactive wastes and hazardous wastes/biohazards must be included in the proposal budget.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Biological Materials | <input type="checkbox"/> Infectious Agents |
| <input type="checkbox"/> Hazardous Chemicals/Waste | <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Medical Devices/Drugs | <input type="checkbox"/> Foreign Nat'l/Int'l Collaborations |
| <input type="checkbox"/> Radioactive Material | <input type="checkbox"/> Recombinant DNA or RNAi | <input type="checkbox"/> Foreign Travel/Shipping |
| <input type="checkbox"/> HIPPA/PHI | <input type="checkbox"/> ITAR/CUI | <input type="checkbox"/> Potential Conflict of Interest |

Prior to award set up, you must have: approval from any applicable committees (i.e. IRB/IACUC/IBC)' a current COI disclosure on file: and completed any required training in CITI including Responsible Conduct of Research.

Prior URCA, ARC, MURPA or ULINK Grants: You must include a copy of your most recent Final Report with your application

YEAR:	<input type="text"/>	AMOUNT:	<input type="text"/>	TYPE:	<input type="text"/>
YEAR:	<input type="text"/>	AMOUNT:	<input type="text"/>	TYPE:	<input type="text"/>
YEAR:	<input type="text"/>	AMOUNT:	<input type="text"/>	TYPE:	<input type="text"/>

Final Report(s) Filed: ☐ Yes ☐ No

Proposals to Outside Agencies (Last 3 years): Please attach an additional page if necessary

TITLE (Abbreviated)	AGENCY	DATE	AMOUNT	STATUS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Scholarly Activity, Creative Work and/or funding resulting from the last three URCA/MURPA/ARCS funding (e.g. papers, books, presentations, performances, grant applications, etc.

Scholarly Activity:

Creative Work:

Funding Activity

*****FORM WILL LOCK ONCE APPLICANT SIGNS*****

Applicant Signature:

Date:

By signing this page, you are endorsing the project for consideration by the Faculty Support Committee.

CHAIRPERSON:

DATE:

DEAN:

DATE:

**APPLICATION MAY BE SIGNED AND RETURNED ELECTRONICALLY TO PROPOSALS@WICHITA.EDU OR
SUBMIT A PAPER COPY TO RTT, CAMPUS BOX 7, BY 5:00 PM ON THE DATE DUE.**