

UNIVERSITY RESEARCH/CREATIVE AWARD (URCA) APPLICATION

WSU PROP #: Date: Amount Requested:

Name: myWSU#: Date Joined WSU:

Rank/Title: Department/College:

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 must be included in the proposal budget. Pls whose research/work generates radioactive/hazardous waste should ensure that funds are available for appropriate hazardous waste disposal (either grant funds or SRO funds).**

- | | | |
|--|--|---|
| <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Biological Materials | <input type="checkbox"/> Infectious Agents |
| <input type="checkbox"/> Animal Subjects | <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Hazardous Chemicals / Waste | <input type="checkbox"/> Medical Devices / Drugs | <input type="checkbox"/> Foreign Nationals |
| <input type="checkbox"/> Radioactive Materials | <input type="checkbox"/> Recombinant DNA or RNAi | <input type="checkbox"/> International Collaborations |
| <input type="checkbox"/> HIPAA / PHI / PII* | <input type="checkbox"/> Subrecipients | <input type="checkbox"/> Foreign Travel |
| <input type="checkbox"/> ITAR / CUI* | <input type="checkbox"/> Independent Contractors | <input type="checkbox"/> Foreign Shipping |
| <input type="checkbox"/> FERPA | | |

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

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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior URCA, MURPA, ARCS or PCSI Grants: **You must include a copy of your most recent Final Report with your application.**

Fiscal Year	Amount	Type (URCA, MURPA, ARCS, PCSI)	Did this internal award lead to external funding? If so, please provide the name of the external sponsor and award amount.

If you have received additional internal awards, please add them to the Supplemental Internal Awards page and attach the supplemental page to this application form.

Final Report(s) Filed:

☐

Yes

☐

No

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

Scholarly Activity:

Creative Work:

*****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:

ELECTRONIC APPLICATIONS MUST BE SUBMITTED TO PROPOSALS@WICHITA.EDU AS ONE PDF DOCUMENT.

HARDCOPY APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF RESEARCH, JARDINE HALL 409 OR CAMPUS BOX 7, AS ONE SINGLE-SIDED DOCUMENT.

APPLICATIONS MUST BE RECEIVED NO LATER THAN 5:00 PM ON THE DUE DATE.