

# AWARD FOR RESEARCH/CREATIVE PROJECTS IN SUMMER (ARCS) APPLICATION (for **EACH** PI/CO-PI)

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"/>
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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"/>
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**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.**