

# Faculty Development Program

## APPENDIX B: Proposal Cover Sheet Form

**Project Title:** (40 characters max) \_\_\_\_\_

**Application Date:** (mm/dd/yy) \_\_\_\_\_

**Component**

- Teaching (*auxiliary budget capped at \$750.00*)
- Research (*auxiliary budget capped at \$1500.00*)
- Faculty College
- Off Campus
- Sabbatical (*auxiliary budget capped at \$1500.00*)
- Individually Planned Program
- Institutional Needs
- Release Time for Grant Writing
- Extramural Matching Grant
- Other \_\_\_\_\_

**Auxiliary Support Budget**

Category	Request
Student Help	_____
Lodging (excludes meals)	_____
Consultant (Honorarium Non-UW Employee)	_____
Travel	_____
Supplies	_____
<b>Total</b>	_____

**Project Period** (Indicate the year next to each semester and place an X under the term(s) within which your project will take place. CAS is only available during Summer)

Summer _____		Fall _____	Spring _____
I	II	I	I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Faculty Participant(s)** (CAS amounts and/or reassigned time duties must be explained in proposal narrative.)

	Participant 1	Participant 2	Participant 3
Name	_____	_____	_____
Department	_____	_____	_____
CAS Requested (in %)	_____	_____	_____
Reassigned Time Requested	_____	_____	_____
Signature/date, Applicant <sup>1</sup>	_____	_____	_____
Signature/date, Dept. Chair	_____	_____	_____
Signature/date, Dean/Unit head	_____	_____	_____

I have read and understand the application procedures and evaluation policies for the component to which I am applying.

For Faculty Development Use

Project #: \_\_\_\_\_ CAS Awarded: \_\_\_\_\_ Aux. Awarded: \_\_\_\_\_ Reassigned Time: \_\_\_\_\_

Project Evaluation Date: (mm/dd/yy) \_\_\_\_\_