

APPLICATION
SUPPORT AND DEVELOPMENT AWARD
2015-2016

Name of proposal applicant(s) _____

Faculty rank _____ Department affiliation _____

Title of proposed project _____

Abstract of the proposed project:

Dates of proposed project period: From _____ Through _____

Amount requested from A&S Support and Development Awards _____

Contributions for this project from other sources (dept., university, outside grants, etc.):

The undersigned agrees to accept responsibility for the conduct of the project, the expenditure of the funds provided and the filing of a final project report with the college office.

- I. In the space provided below, please provide a brief description of this project.
- II. In the space provided below, please describe the rationale for conducting this project.
(See items A-F on the Request for Proposals)

- III. Describe the methods that will be utilized in the process of conducting and completing the proposed project.
- IV. Please describe the benefits that will be derived from this project: benefits to the university, the college, your department, your field, and/or you.

V. Please describe your ability to conduct and complete this project.

(Please limit your comments to those items that specifically pertain to this project)

PROPOSED BUDGET
SUPPORT AND DEVELOPMENT AWARD

Name _____

Project Title _____

TRAVEL EXPENSES (See Attachment)

Amount	Items

TOTAL: _____

SEMINAR/ WORKSHOPS

Amount	Items

TOTAL: _____

TRAVEL EXPENSES

TOTAL: _____

RESEARCH SUPPLIES, EQUIPMENT OR SOFTWARE PURCHASES

Amount	Items

TOTAL: _____**GUESTS FOR SEMINARS/COLLOQUIA OR EXHIBITS**

Amount	Items

TOTAL: _____**ARTISTIC PRODUCTION, PAGE OR PUBLICATION CHARGES**

Amount	Items

TOTAL: _____

OTHER

Amount	Items

TOTAL: _____

Total needed for project: _____

OTHER FUNDING EXPECTED: AMOUNT: _____

SOURCE: _____

FUNDING REQUESTED FROM ASSDA: _____

The SDA proposal and the applicant's two-page summary vita should be submitted to Dr. Jack Shelly-Tremblay at jstremblay@southalabama.edu with a cc to Krista Foley at kfoley@southalabama.edu.

NOTE: Each proposal must be submitted as a PDF file. Hard copies will not be accepted for review. If you have not received an emailed receipt for your proposal within 48 hours, please email Jack Shelley-Tremblay for confirmation.

Signatures

Proposal Applicant_____
Department Chairperson