

**FERRIS STATE UNIVERSITY**  
**Faculty Research Grant: Cover Page**

Project Title:

Funds Requested: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

Proposed End Date: \_\_\_\_\_

**Required Signatures:**

Initiator Name: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(Please check one for each compliance option)

I have requested a hazard assessment by the Director of Lab Safety (for lab projects) Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

I have already gained approval, or submitted an application to:

- the IRB (if the proposed project utilizes human subjects) Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_
- and/or the IBC (if the project utilizes animals) Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_
- and/or the Radiation officer (if the project requires radioactive materials) Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

I understand that proof of IRB/IBC approval must be submitted to the senate office (letters can be emailed to: [acadsen@ferris.edu](mailto:acadsen@ferris.edu)) before funds are made available. Yes \_\_\_\_ No \_\_\_\_

If approved, I agree to carry out the project as proposed in this application.

\_\_\_\_\_  
Faculty member signature

\_\_\_\_\_  
Date

I support the project outlined in this application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department Head/Chair/ Director or Dean Signature

\_\_\_\_\_  
Date

**FERRIS STATE UNIVERSITY**  
**Faculty Research Grant: Proposed Budget Summary**

Title: \_\_\_\_\_

Initiator(s): A \_\_\_\_\_ B \_\_\_\_\_

**Items for which support is being requested:**

*Secretarial*

List number of hours x rate of pay \_\_\_\_\_ x \_\_\_\_\_ = 1) \_\_\_\_\_  
Benefits (79 %) \_\_\_\_\_ 2) \_\_\_\_\_

*Student Research Assistant Wages* Subtotal = \_\_\_\_\_

\*List number of hours x rate of pay & subtotal Subtotal = \_\_\_\_\_  
See [student employment wage rates](#) for current rates

*Materials & Supplies* Subtotal = \_\_\_\_\_  
\*List each item include description, cost, quantity & subtotal of cost

*Safety Expenses* Subtotal = \_\_\_\_\_  
\*Please list expenses for safety equipment or disposal of hazardous materials  
Contact Safety, Health, Environmental, and Risk Management (SHERM) Office for guidance.

*Travel Costs* Subtotal = \_\_\_\_\_  
\*List destination(s), costs & subtotal

*Contractual/Technical Services* Subtotal = \_\_\_\_\_  
\*List description, costs & subtotal

*Equipment* Subtotal = \_\_\_\_\_  
\*List description, costs & subtotal

Total = \_\_\_\_\_  
(may not exceed \$5,000)

\*Use separate page to list the details of each budget category. All budgets should be clearly explained and tied to specific goals of the proposed project.