

For VIA Planning Counsel Use Only:  
Action \_\_\_\_\_  
Amount \_\_\_\_\_

**TRUSTEES' STRATEGIC INITIATIVE FUND  
GRANT APPLICATION**

Project Director and Partners –
Department/Academic Unit –
Project Title –
Has approval for this project, in whole or in part, been previously sought at TCU? If yes, please describe the outcome.
Authorizing Signatures: Multi-disciplinary or multi-departmental request must include all appropriate signatures.  Project Director _____  Department Chair/Immediate Supervisor _____  _____  Dean of School/College or Vice Chancellor _____  _____
<b>EXECUTIVE SUMMARY (200 WORDS)</b>
Are funds available from other sources? If so:  Source -  Amount -  Funding Period - to

If you have been awarded funding or have submitted this project for extramural funding, please indicate the following:

Agency -

Amount -

Proposal Status

Awarded

Denied

Pending

Will the results of this Strategic Initiative grant enable you to apply for extramural funding?

Yes

No

If yes, when do you plan to submit the proposal?

Does this proposed project:

Yes

No

Involve human subjects? If yes, date of Committee review:

Yes

No

Involve live animals? If yes, date of Committee review:

Yes

No

Involve radioactive substances?

Yes

No

Involve scheduled drugs?

Does this proposed project:

Yes

No

Involve **curriculum changes** or **new curriculum/courses**.

If yes, date of review or approval

\_\_\_\_\_ (date) - by department(s)

\_\_\_\_\_ (date) - by college(s)

\_\_\_\_\_ (date) - by council(s)

List the departments/units whose participation is essential to the project's success:

**TRUSTEES' STRATEGIC INITIATIVE FUND  
BUDGET SUBMITTAL**

<b>A. Salaries:</b> (State projected period and number of hours for which assistant will be employed.)		
1. Faculty/Staff –	\$	
2. Consultant –	\$	
3. Student/Research Assistant - Note: Students must be paid at least the federal minimum wage of \$5.15 an hour.	\$	\$ 0
<b>B. Travel</b> (Itemize on separate sheet; do not include funds for presentation of research papers.)		
1. Faculty/Staff –	\$	
2. Consultant –	\$	
3. Foreign –	\$	\$ 0
<b>C. Permanent Equipment</b> (If requested equipment is presently available on campus, please explain, on separate sheet, why the available equipment cannot be used.)		
1.	\$	
2.	\$	
3.	\$	\$ 0
<b>D. Other Expenses</b> (Itemize on separate sheet, include costs.)		
1. Supplies/Outside Vendors	\$	
2. Print/Copy on Campus	\$	
3. Computer Charges	\$	
4. Mail Services	\$	
5. University Store Charges	\$	
6. Other	\$	\$ 0
<b>TOTAL BUDGET REQUEST</b>		<b>\$ 0</b>
Please describe any needed renovations or additional space required for successful completion of the project. Please be specific, but there is no need for cost estimates.		