



Research Initiation Program (RIP) Application

PRINCIPAL INVESTIGATOR INFORMATION			
Name:	Department:	Telephone:	
		Email:	
Rank: () Professor () Associate Professor () Assistant Professor () Instructor or Lecturer			
Status: () Tenured () Tenure-track () Visiting/Temporary () Clinical, Research Staff, or Adjunct			
PROJECT INFORMATION			
General Area of Research Project: () Arts () Business () Education () Health Sciences () Humanities () Natural/Physical Sciences () Social Sciences			
Title:			
Duration (Start date must be June 1 st):			
Amount Requested:			
EXTERNAL SUPPORT INFORMATION			
If you have applied for external support for this project, please note the source and the status of your application(s):			
If you have other commitments or overlapping obligations during the proposed project period, please indicate, in percentages, how your time will be allocated.			
PREVIOUS INTERNAL AWARD HISTORY (PLEASE INDICATE AWARDS RECEIVED IN THE PAST 5 YEARS)			
<u>Award/Grant</u>	<u>Year</u>	<u>Amount</u>	<i>Please use this space to record additional internal awards.</i>
RIP:		\$	
PDC Research:		\$	
PDC Travel:		\$	
PDC Colloquia:		\$	
<u>For internal use only</u>			
Number of previous internal awards _____			
Final report from previous internal awards received _____			

APPLICATION INSTRUCTIONS

Please follow the proposal preparation instructions described in the RIP guidelines.

RESEARCH COMPLIANCE

Does this proposal involve or require:

_____human subjects _____animals _____biohazards _____hazardous chemicals _____radioactive materials

If yes, you must have appropriate committee(s) approval BEFORE the project can begin. Please attach approval letter to the application if you already have approval.

ASSURANCES AND APPROVALS

Principal Investigator Assurance: I certify that the statements made herein are true, complete and accurate to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress report if the grant is awarded.

Approvals: The attached proposal has been approved by the officials whose signatures appear below. The principal academic review of the proposal is the responsibility of the Department.

<i>Signature of Applicant:</i>	Date:
<i>Signature of Co-Applicant:</i>	Date:
<i>Signature of Department Chair or Equivalent:</i>	Date
<i>Signature of Dean:</i>	Date

Complete applications include all the items listed below in the following order:

- _____ Completed and signed application page
- _____ Format I (5 page limit to include): Abstract, Objectives, Background & Significance, Methods; References; Other Sources
- _____ Format II (5 page limit to include): Question or Problem, Research Methods, Timetable; References; Other Sources
- _____ Detailed Budget
- _____ Budget Justification
- _____ CVs (2 page limit per key personnel): including **peer-reviewed** publications
- _____ Description and outcome of previous internal awards
- _____ Plan for External Submission
- _____ List of **all** WSSU collaborators over the past 3 years

Applications will be evaluated using the “Review Criteria” described in the RIP Guidelines. **Incomplete or incorrectly formatted applications will not be reviewed.**

Combine and save your completed RIP Application and proposal as a new file. Then, send this file to Sponsored Programs via RAMSeS on the deadline date.