**Connecticut Space Grant College Consortium**

**Faculty Application Cover Sheet Academic Year 2016-2017**

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| Award Type |
| Research Collaboration  Research Grant  Seed Research Grant  STEM Education Programming Grant  STEM Education Research Grant |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Investigator (PI) | | | | | | | | | | | | | |
| First Name |  | | | | Last Name | | |  | | | | MI |  |
| Rank/Title |  | | | | | | Tenure Status | | |  | | | |
| Consortium Member Institution | | | |  | | | | | | | | | |
| Department | |  | | | | | | | | | | | |
| Mailing Address | |  | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | |
| Project Title | |  | | | | | | | | | | | |
| Proposed Performance Period (mm/dd/yyyy – mm/dd/yyyy) | | | | | | | | |  | | | | |
| Collaboration (Specify Name & Contact Info) | | |  | | | | | | | | | | |
| Budget Requested | | |  | | | Match (1:1) Commitment Amount | | | | |  | | |
| Previous Space Grant Awards(s)  (Please list all: include title and date) | | | |  | | | | | | | | | |

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| Institutional Certification |
| Signatures below certify that the PI’s institution approves of the matching funds commitment indicated above and acknowledges an understanding that if this proposal is awarded, the PI’s institution will need to enter into a sub-contract between itself and the University of Hartford before any NASA CT Space Grant Consortium funds can be disbursed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institutional Signature (Affiliate Grant Office) Date    Please Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Dean (PI’s) Date    Please Print Name |

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| Eligibility Certification |
| I certify that all of the information contained in this application is complete and correct and that I am a US Citizen and I meet all of the eligibility requirements for this program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Print Name |