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**Connecticut Space Grant College Consortium**

**Faculty Application 2013-2014 Program Year**

TYPE OF APPLICATION:

##   Curriculum Development  Research Collaboration

##   Research Grant  Seed Research Grant

  **STEM Education Research Grant**

Rank/Title: Tenure Status:

Consortium Member Institution: Department:

Name: *Last First MI*

Mailing Address:

Phone: Fax: Email:

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

Number of Students Involved in Project: \_\_\_\_\_\_\_\_\_

Proposed Period of Project Performance: Start: End: \_\_\_\_\_\_\_\_\_\_

*For Curriculum Development*: Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Collaboration / NASA Center Collaboration:

Institution & Department / NASA Center:

Collaborator/University Affairs Officer:

Budget Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Match *(1:1)* Commitment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_

Previous Space Grant Awards:
 *(please list all)*

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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.
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PI’s Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

PI’s Institutional Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

PI’s Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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.
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PI’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_