

RESEARCH ASSISTANCE GRANTS PROPOSAL
(Please submit original plus 6 copies)

Name of Faculty Member

Name of Student: (if known):

Department:

Title of Project:

Grant Period:

Amount Requested:

PROJECT DESCRIPTION (Ordinarily 500 words or less):

BUDGET

(include a justification for each item)

Item	Estimated Costs
Number of Hours @ \$8.00/hour	
Other expenses	
Total	