UNIVERSITY RESEARCH/CREATIVE AWARD (URCA) APPLICATION

WSU PROP #: [ ]   Date: [ ]   Amount Requested: [ ]

Name: [ ]   myWSU#: [ ]   Date Joined WSU: [ ]

Rank/Title: [ ]   Department/College: [ ]

Project Title: [ ]

Project Period From: [ ]   To: [ ]

[ ] Check here if teaching in the Summer

Check appropriate box(es) if this proposal includes any of the items listed below. The cost of animal care   must be included in the proposal budget. PIs whose research/work generates radioactive/hazardous waste should ensure that funds are available for appropriate hazardous waste disposal (either grant funds or SRO funds).

[ ] Human Subjects   [ ] Biological Materials   [ ] Infectious Agents

[ ] Animal Subjects   [ ] Clinical Trials   [ ] Proprietary Information

[ ] Hazardous Chemicals / Waste   [ ] Medical Devices / Drugs   [ ] Foreign Nationals

[ ] HIPAA / PHI / PII*   [ ] Subrecipients   [ ] Foreign Travel

[ ] ITAR / CUI*   [ ] Independent Contractors   [ ] Foreign Shipping

[ ] FERPA

Prior to award setup, you must have approval from any applicable committees (i.e. IRB/IACUC/IBC), a current COI disclosure on file, and have completed any required training in CITI including "Externally Funded Researchers" (Responsible Conduct of Research).

Prior URCA, M URPA, ARCS or PCSI Grants: You must include a copy of your most recent Final Report with your application.

Fiscal Year	Amount	Type (URCA, MURPA, ARCS, PCSI)	Did this internal award lead to external funding? If so, please provide the name of the external sponsor and award amount .

If you have received additional internal awards, please add them to the Supplemental Internal Awards page and DWBE WESEWDH WRWK applicationIRUP.

Final Report(s) Filed: ☐ Yes   ☐ No

Scholarly Activity and/or Creative Work and resulting from the last three URCA/MURPA/ARCS/PSCI (e.g. papers, books, presentations, performances, grant applications, etc.)

Scholarly Activity:

Creative Work:

FORM WILL LOCK ONCE APPLICANT SIGNS

Applicant Signature: _____   Date: _____

By signing this page, you are endorsing the project for consideration by the Faculty Support Committee.

CHAIRPERSON: _____   DATE: _____

DEAN: _____   DATE: _____

ELECTRONIC APPLICATIONS MUST BE SUBMITTED TO PROPOSALS@WICHITA.EDU AS ONE PDF DOCUMENT.

HARDCOPY APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF RESEARCH, -$5',1(+$// 25 CAMPUS BOX 7, AS ONE SINGLE-S IDED DOCUMENT.

APPLICATIONS M UST BE RECEIVED NO LATER THAN 5:00 P M ON THE DUE DATE.