KUTZTOWN UNIVERSITY ASSESSMENT GRANTS PROGRAM

APPLICATION COVER SHEET

Project Title:_____

Principal Investigator:_____

Department _____

Email Address _____

Co-Principal Investigator(s)

_____

Please indicate the specific Assessment Grant program:

Abstract of research proposal:

Amount of budget request _____

Projected beginning date for project_____

Projected end date for project _____

Proposed Budget

Round off all numbers to the nearest dollar and list only whole dollar amounts.

Budget Item	Amount
Stipend Total: List the total stipend amount here As part of supplementary materials, Each PI stipend should be listed separately, and must include benefit cost. Please contact The Office of Grants and Sponsored Projects to get the correct dollar amount to include for the benefit portion of the stipend. (Jeff Werner werner@kutztown.edu or 484-646-4167.) Individual stipends should not exceed $2,500, including benefits.	
Student Wages	
Consulting Fees	
Supplies	
Equipment	
Operating Expenses	
Other (specify)	
Other (specify)	
TOTAL	

Budget Notes

1. **Provide supporting detail for all budget items that are not self-evident or fully explained in the project description.**
2. **Payment for faculty stipends will be paid in full upon completion of the project. If alternate payments are desired, please specify.**

Signatures

PI_____

Department Chair _____

Dean_____