## **CD Grant Application**

| Name(s): |   |                          |              |  |
|----------|---|--------------------------|--------------|--|
| Depar    | tment(s) or School(s):  |                          |              |  |
| Type o   | of Grant Sought: 🗌 Individual 🔲 Grou  | p*                       |              |  |
| *Ple     | ease list additional member(s) here:  |                          |              |  |
| Course   | e(s):   |                          |              |  |
| A)       | Have any of the applicants received funding Thorpe Center to develop the course?  | from the Yes             | □ No         |  |
| В)       | Will the course use human beings as experimental subjects? $\square$ Yes* $\square$ No *If yes, please explain in narrative.  |                          |              |  |
|          | If you have questions about whether IRB ap required for your project, please visit on "Pohttps://www.iwu.edu/institutional-review-b   | olicies and Procedures"  |              |  |
| C)       | Will the course use animals as experimental   | subjects?                | ☐ No         |  |
|          | *If yes, please explain in narrative.   |                          |              |  |
| (        | See the IACUC link for protocol forms at <a href="https://">https://</a>  | /www.iwu.edu/associa     | te-provost/) |  |
| D)       | If your proposal is funded, would you be wil<br>the Thorpe Center to use it as an exemplary<br>submission in the online Handbook?   | □ Voc                    | □ No         |  |
| that yo  | complete the following checklist by placing a control of | emplete applications wil |              |  |
|          | Signature of applicant  | Date                     |              |  |
|          | Signature of Dept. Chair/Director (if different than applicant)   | Date                     |              |  |

CD Grant Applications 1 out of 3

## **CD Grant Budget Page**

**1. Estimated expenses** (make sure to include a description of each of the expenses in the narrative). If you are requesting books or DVDs, please provide titles and approximate costs.

| <u>ITEM</u>                               | <u>AMOUNT</u>                                   |
|---|---|
|   | <b>\$</b>                                       |
|   |   |
|   |   |
|   |   |
|   |   |
|   | <u></u>   |
|   | \$  |
| <b>Stipend(s) requested</b> (see grant of | TOTAL \$description for specific requirements): |
| NAME                                      | <u>AMOUNT</u>                                   |
|   | <b></b>   |
|   | <b></b>   |
|   | <b></b>   |
|   | <b></b>   |
|   | TOTAL \$  |
| Total amount requested: (Stinends         | Requested + Estimated Expenses): \$             |

Please note: Materials purchased with CD and ID grant funds, including, for example, software, CDs, and DVDs, are subject to all applicable copyright laws. Faculty members are responsible for upholding these laws. Materials for use in the library collection should be purchased through The Ames Library with allotted departmental funds. For details about copyright issues, please go to <a href="http://libguides.iwu.edu/copyright">http://libguides.iwu.edu/copyright</a>, or contact the University Librarian or your department's liaison librarian.

CD Grant Applications 2 out of 3

## **CD Grant Supervisor Form**

\*If preferred, your immediate chair/director can submit a formal letter of support in lieu of answering questions 3 & 4 on this document.

| Name of applicant(s)  |   |
|---|---|
| Please provide the information below and re 1. Is/are the course(s) proposed: | turn this form to the applicant(s).               |
| new to the IWU curriculum?  | substantial revision of existing course(s)?       |
| 2. What part of the curriculum is served by                                   | the proposed course? (check all that apply)       |
| major/minor   | Gen. Ed.  |
| interdisciplinary program(s)  | elective  |
| 3. Why is this course a welcome addition to                                   | the curriculum?                                   |
|   |   |
|   |   |
|   |   |
| 4. How will a CD grant support this applica                                   | nt(s)'s professional development as a teacher(s)? |
|   |   |
|   |   |
|   |   |
| 5. How frequently will the course be  | offered?  |
| or now requestly will the course se v   |   |
|   |   |
|   |   |
|   |   |
| Signature of supervisor   | Date  |

CD Grant Applications 3 out of 3