

## CD Grant Application

Name(s): \_\_\_\_\_

Department(s) or School(s): \_\_\_\_\_

Type of Grant Sought:     Individual                       Group\*

\*Please list additional member(s) here: \_\_\_\_\_

Course(s): \_\_\_\_\_

A)    Have any of the applicants received funding from the Thorpe Center to develop the course?     Yes                       No

B)    Will the course use human beings as experimental subjects?     Yes\*                       No

*\*If yes, please explain in narrative.*

If you have questions about whether IRB approval or exemption is required for your project, please visit on “Policies and Procedures” at <https://www.iwu.edu/institutional-review-board/irb-policy-procedure.pdf>.

C)    Will the course use animals as experimental subjects?     Yes\*                       No

*\*If yes, please explain in narrative.*

(See the IACUC link for protocol forms at <https://www.iwu.edu/associate-provost/>)

D)    If your proposal is funded, would you be willing for the Thorpe Center to use it as an exemplary submission in the online Handbook?     Yes                       No

*Please complete the following checklist by placing a check mark against each item to ensure that your application is complete. Please note that incomplete applications will be returned to the applicant without further consideration.*

- 1. Summary of Prior CD Grants (if applicable)
- 2. Narrative (formatted as requested)
- 3. CD Budget Page
- 4. CD Grant Supervisor’s Form(s)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dept. Chair/Director  
*(if different than applicant)*

\_\_\_\_\_  
Date

## 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>TOTAL \$</b> _____ |               |

2. **Stipend(s) requested** (see grant description for specific requirements):

| <u>NAME</u>           | <u>AMOUNT</u> |
|-----------------------|---------------|
| _____                 | \$ _____      |
| _____                 | \$ _____      |
| _____                 | \$ _____      |
| _____                 | \$ _____      |
| <b>TOTAL \$</b> _____ |               |

3. **Total amount requested: (Stipends 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 <http://libguides.iwu.edu/copyright>, or contact the University Librarian or your department’s liaison librarian.

## 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 return this form to the applicant(s).

1. Is/are the course(s) proposed:  
\_\_\_\_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 applicant(s)’s professional development as a teacher(s)?

5. How frequently will the course be offered?

Signature of supervisor \_\_\_\_\_

Date \_\_\_\_\_