Title of Proposed Project:

____________________________________________________________

Project Director:
Name _________________________________________
Department _____________________________________
Telephone ________________ FAX _________________ E-mail ______________________

Other Participants (please list):
Name     Telephone   E-mail

_________________________________________________________________________________
_________________________________________________________________________________

Type of instructional product to be produced (if applicable):
_________________________________

Course or courses it will be used in:
_________________________________

_________________________________________________________________________________

Total amount requested: $_______________________

Does this project require IRB approval? ___ No ___ Yes
Approved by: __________________________ Protocol #: __________________
Date: ______________
If pending, date submitted: ______________

Grant Narrative: The Grant Narrative should be single-spaced, include an abstract of the proposed project, and not exceed ten pages. The font should not be smaller than 10-point type. Refer to “Section V. Requirements” of the Grant Program description for further information.

Budget: The Budget should include the following information:
- Personnel costs: Include job function and cost only for those personnel for whom funding is requested. All personnel to be involved, with an indication of the amount to time to be devoted to the project, should be described in the Grant Narrative.
- Equipment: Include an itemized list of equipment needed.
- Software: Include an itemized list of software programs needed.
- Materials: This category can include materials and/or supplies as necessary (DVDs, etc.)
- Other: All other expenses should be itemized and explained in the Budget Justification.
Budget Justification: The Budget Justification must include a rationale for each line item.

Certification of Acceptance: I/we, the undersigned, certify that funding has not been secured for this project from other sources; that the statements herein are true and complete to the best of my/our knowledge, and accept, as to any grant awarded, the obligation to comply with terms and conditions in effect at the time of the award. I/we also certify any funds subsequently received for budget items included in this grant will be reported to RSDM's Master Educators and funds unexpended at the end of the grant period will be returned to the funding source (Dean, Rutgers School of Dental Medicine).

<table>
<thead>
<tr>
<th>Date</th>
<th>Project Director(s)</th>
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<tbody>
<tr>
<td></td>
<td>Rutgers School of Dental Medicine Master Educators’ Grant Program for Educational Innovation and Academic Enrichment Projects</td>
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<tr>
<td></td>
<td>Grant Proposal Application Form: Budget</td>
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**BUDGET FOR GRANT PERIOD**

<table>
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<tr>
<th>Item cost</th>
<th>Subtotal</th>
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**PERSONNEL**

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<th>Hours</th>
<th>Unit cost</th>
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**EQUIPMENT**

**SOFTWARE**