

***Rutgers School of Dental Medicine Master Educators' Grant Program
for Educational Innovation and Academic Enrichment Projects***

Grant Proposal Application Form: Cover Page

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).

Date

Project Director(s)

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Program for Educational Innovation and Academic
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Grant Proposal Application Form: Budget***

BUDGET FOR GRANT PERIOD

Item cost

Subtotal

PERSONNEL

Hours

Unit cost

EQUIPMENT

SOFTWARE

MATERIALS

OTHER

TOTAL