

2009 Missouri Campus Compact Micro-Grant Proposal Form
Faculty Grant

Name of the Principal Investigator (*Faculty Member*):

Title (*Associate Professor, Dean, etc.*):

Project or Course Title:

Institution:

E-Mail address to be used for notification of award and all communication:

Phone:

FAX:

Amount Requested (*maximum request \$300*): \$

In the event that a grant is awarded a check will be mailed to your institution. Please complete mailing information below. If the grant check should be mailed to someone other than the principal investigator (office of sponsored research, grants office, etc.), please include that information as well.

Name:

Title:

Institution:

Address:

City, State, Zip Code:

Faculty Micro-Grant Proposal

Name of the Principal Investigator:

Project or Course Title:

Abstract of Proposal

Faculty Micro-Grant Proposal

Name of Principal Investigator:

Project or Course Title:

Guide for the Written Proposal

Please describe your proposed project, addressing the following issues:

- 1. Identification of the issue on your campus that this proposal seeks to address.**
- 2. The goals/outcomes intended by this proposed project.**
- 3. The proposed project by which you will address these goals.**
- 4. Resources and costs needed to obtain these goals. Which resources does your institution already have in place, and which are you requesting this grant to fund?**
- 5. How will you evaluate your project?**
- 7. How do you plan to disseminate the outcomes of this project?**

Faculty Micro-Grant Proposal

Name of the Principal Investigator:

Project or Course Title:

Proposed Budget

Please itemize the expected costs of your project. Examples of items that are acceptable are faculty reassignment time, honoraria, travel for a workshop leader or speaker, student workers, supplies, travel, or resources.

ITEM	FUNDS REQUESTED
1. Personnel	
Faculty (includes reassignment time)	_____
Part-time, non-students	_____
Part-time, students	_____
Graduate Assistants	_____
	Subtotal <u>_____</u>
2. Travel	
In-State	_____
Out of State	_____
	Subtotal <u>_____</u>
3. Supplies	
General	_____
Printing	_____
Postage	_____
	Subtotal <u>_____</u>
4. Services	
Computer	_____
Library	_____
Other	_____
	Subtotal <u>_____</u>
5. Other (Specify, using another page if necessary)	
(e.g., honoraria, meeting space, etc.)	_____
	Subtotal <u>_____</u>
	GRAND TOTAL <u>_____</u>

Commitment to File a Final Report

Final Report to be completed and mailed in electronic format (as a MSWord Document)

no later than **June 1, 2010**, to:

Melissa K. Mace, Executive Director

Missouri Campus Compact

Missouri State University

901 S. National

Springfield, MO 65897

melissamace@missouristate.edu

The 1-2 Page Final Report Must Include:

A final report is required of all successful applicants. The final report must include the following:

1. An abstract of the project, indicating how many members of your campus community (i.e., community partners, faculty, staff, students) were affected.
2. An evaluation of what was successful regarding the project.
3. An evaluation of what was not successful regarding the project.
4. Recommendations for future steps to take to further service-learning or civic engagement on your campus.
5. A detailed budget report including copies of all receipts. **DO NOT ROUND NUMBERS.**

Signature of Principal Investigator:

Signature

Date

Printed name

Official Title

Recognition of Institutional Approval Form

To be completed and mailed in hard copy, postmarked no later than **June 15, 2009**, to:

Melissa K. Mace, Executive Director
Missouri Campus Compact
Missouri State University
901 S. National Ave.
Springfield, MO 65897

We the undersigned support the application of _____ [insert the name of the service-learning director/principal investigator] for a grant award to support service-learning on this campus. The project for which the funds are being requested will be spent in the academic year 2009-2010. The forenamed faculty member/principal investigator is in good standing with this institution, and has the approval of his or her all necessary supervisors. We the undersigned recognized that the faculty member/principal investigator has committed to turning in a final report per the instructions accompanying this form.

Signature of the Principal Investigator:

Signature Date

Printed name

Official Title

**Signature of the Chief Academic Officer
(or appropriate party responsible to the institution):**

Signature Date

Printed name

Official Title

Signature of the Chief Financial Officer:

Signature Date

Printed name

Official Title