Please complete the following for each faculty/staff member involved currently in the proposed project:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_

Single Lead Co-Lead

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_

Co-Lead Non-Lead *(participating but not leading)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_

Co-Lead Non-Lead *(participating but not leading)*

Title of Proposed Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Proposed Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning / Ending Dates for Activity: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Is this a NEW Project? Yes No

**If YES, please note: you must have been awarded the GSL Start-Up Project Proposal Grant before completing this application.**

On a separate page, please answer the following questions:

1. Project Summary (include the aims of the project, the problem you propose to address and project goals).
2. How can your research and expertise be used to help solve the problem (if multi-disciplinary, please demonstrate how each department will address the problem)?
3. Who are you partnering with in the host culture and what is their commitment to the place in which you will be administering this project.
4. For existing projects: How does this project further your long term goals?

Project Costs:

Transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals and Lodging $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment and Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Sources for Project:

Department/School Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund Raising Activities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Grants $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GSL Grant Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Funding Needed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Approvals**

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Approved GSL Grant Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair GSL Grant Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_