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**GRANT DEVELOPMENT PROGRAM 2020**

**Principal Investigator Support Pages**

**This two-page form must be completed for each Principal Investigator requesting academic year release time, additional academic year employment or summer salary support.** All information except signatures must be typed. Forms must be scanned and included with the rest of the application materials in one single pdf file sent to csucoast@csumb.edu.

|  |  |
| --- | --- |
| **Principal Investigator:** | Email:  |
|  |  |  |  |
| Semester or Quarter System: | Primary phone number: |
|  |  |  |  |
| Total $ amount of academic year release time, additional academic year employment or summer salary support requested (sum of total requests from 1, 2 and 3 below): |
|  |  |  |

Please complete the following information for each type of funding requested. If support is requested for more than one academic term, specify how much support is requested for each term.

**1) Academic year release time**

|  |  |
| --- | --- |
| # WTUs requested:  |  |
| Cost per WTU (use rates on p. 4 of RFP): |  |
| Total request (multiply number of WTUs by cost per unit): |  |
| Academic term(s) in which the support requested will be provided (e.g., Fall 2020) |  |

**2) Academic year additional employment**

|  |  |
| --- | --- |
| # Days or months requested (e.g., 10 days, 0.5 mos.):  |  |
| Cost per unit time (include benefits if necessary): |  |
| Total request (multiply number of units by cost per unit): |  |
| Academic term(s) in which the support requested will be provided (e.g., Fall 2020)  |  |

**3) Summer salary**

|  |  |
| --- | --- |
| # Days or months requested (e.g., 10 days, 0.5 mos.):  |  |
| Cost per unit time (include benefits if necessary): |  |
| Total request (multiply number of units by cost per unit): |  |
| Academic term(s) in which the support requested will be provided (e.g., Summer 2020)  |  |

|  |  |  |
| --- | --- | --- |
| **Chair:**  |  | Department: |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| *I approve the PI’s request for academic year release time, additional academic year employment or summer salary and understand that an award, if made, will be routed through the College and that the Department may be asked to assist in implementing the award.*  |
| Signature: |  |  | Date: |  |
| **Dean:** |  | College: |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| *I approve the PI’s request for academic year release time, additional academic year employment or summer salary and understand that an award, if made, will be routed through the College.* |
| Signature: |  |  | Date: |  |
| **Dean’s Resource Manager/Budget Analyst:** |  | Title: |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| *I approve the PI’s request for academic year release time, additional academic year employment or summer salary and understand that an award, if made, will be routed through the College.* |
| Signature: |  |  | Date: |  |
|  |  |  |