Quick Engaged Learning Grant Application

We respect the time and effort that goes into applying for a grant. Before developing an application, please review the Engaged Learning website (https://www.uvu.edu/undergrad-research/faculty-research/index.html) to determine if the request fits within the scope of the Grants for Engaged Learning.

Quick grants are distributed on a rolling basis and can be requested all year beginning September 8th through May 30th, based on availability of funds. The maximum award is $3,500. Please review the Engaged Learning website for the requirements. Projects will not be considered submitted until the DocuSign is completed with all signatures.

All projects that have an Intellectual Property component will be governed by UVU IP Policy 136 (https://www.uvu.edu/policies/manual.html). UVU owns all IP created through a GEL grant as such financial support constitutes a significant use of UVU resources. If a creator wishes to bring their own prior IP into a GEL project, a contract between UVU and the creator must be entered into prior to beginning the GEL project, the contract including a description of the prior IP, ownership rights and licenses, and any revenue sharing. The creator must take the initiative in completing this contract prior to beginning any GEL project. If such contract is not completed, and the creator receives funding for the GEL project, UVU will have full ownership of the IP in the resulting work.

Project Information

Principal Investigator Name: (Last, First MI) _________________
UVID: ____________
Phone Number: _________________
Email Address: _________________@uvu.edu
Grant Type: Quick Grant
Date Submitted: _________________

College (choose one): ADD DROP DOWN HERE

Department (choose one): ADD DROP DOWN HERE

Project Title:
Project Abstract:

Budget Request: $__________ (Total dollar amount you are requesting from this grant, round to nearest dollar) Please note that all funds must be used prior to June 30 or will be forfeited.

Attach your budget spreadsheet here:________

(You can access this document at: https://www.uvu.edu/undergrad-research/student-research/docs/grant_timeline_budget_and_support.xlsx)

**International Travel**

Is International travel required: (select one)  Yes  No

By selecting yes the Office for Global Engagement will be notified of your intent to travel. If you have any questions regarding the requirements for international travel, please contact Carlos Alarco at Carlos.Alarco@uvu.edu or visit uvu.edu/global/faculty/intravelreg.html.

**Engagement**

What is the type of Engagement: (select one)
- Engaged Service
- Engaged Teaching Learning and Leadership
- Engaged Research
- Creative Works

**IRB**

Does this research require IRB approval? (Select one)  Yes  No

If you selected yes, what is your IRB protocol number? __________________ (IRB applications are submitted via Axiom Mentor, for more information please see the uvu.edu/IRB webpage.)

**Project Statement of Need:** (Convey the magnitude of the situation/problem address, describe sources/causes of situation/problem address, explain why the project goal is realistic and attainable, provide statistical facts and figures, explain benefits of desired outcome, and explain long-term effects)
Project Goals and Objectives: (Describe the project outcome, are the goals related to the need of the target beneficiaries, do the goals directly relate to the statement of needs, are the objectives specific and measurable?)

Methodology
(Describe design, data collection and analysis, innovative methods to be employed and how they relate to the project, method justification)
Activities
(Provide a comprehensive list of all activities including descriptions)

Evaluation
(Describe evaluation procedures for your objectives, are measures both qualitative and quantitative, who will be involved in the evaluation process, identify sources of data, collection and analysis methods, detail any instruments/tools used, describe how evaluation will be used for improvements)
**Dissemination**
(Dissemination plan, timetable including project milestones, do any aspect of the project have replication potential?)

**Faculty/Student Involvement**
(Please list all those that will be directly working on the project that are known at this time to include: Name, UVID, and role per individual. This will be required in detail in your final report as well.)
Impact on Students, Community, and Discipline

(Description of impact on students, community or discipline, learning objectives for students, assessments used to measure student impact, convey the direct impact of the project on the students, how students, community or discipline will benefit from the project, assessments to measure the impact, what is the direct impact, how enduring is the project, describe the level of academic/intellectual inquiry)

UVU Student involvement by numbers:

Freshman _______  Sophomore _______  Junior_______  Senior_______

Community Focus: (Select the most applicable one only)
Academic/Discipline UVU Local State World

Number of Community involved/affected: ____________

**Principal Investigator**

The **Principal Investigator** must sign the form below to indicate they have read and understand UVU’s policies and procedures (www.uvu.edu/policies/officialpolicy). The grantee must also receive proper approval from the IRB if the project involves research concerning human subjects and will abide by all General Terms and Conditions of GEL Grants*. Identifying any special terms and conditions at the outset is critical to assure appropriate post-award management of the grant. Acceptance of GEL funds implies acceptance of these terms and conditions. Failure to comply will result in appropriate action relative to university policies and procedures. (e.g. if unauthorized funds are spent, those funds must be repaid through the grantee’s department or school).

*General Terms and Conditions of GEL Grants

Acceptance of a GEL grant to conduct an approved project obligates the receiver to use the funds as specified in the approved grant application and within university policy, state and/or federal regulations. Any change in the scope or direction of an approved project must be reported to the Office of Engaged Learning prior to implementing the change.

When accepting a grant from the GEL program, the grantee must become familiar with all relevant university policies, as well as any state or federal statutes, regulations, etc. that may apply. The Office of Compliance Services can assist grantees in addressing such obligations. The grantee must comply with the General Guidelines for Managing a GEL Grant, including the timely designation of a responsible party to oversee the financial obligations of the grant. Funds cannot be accessed until the grantee has read all GEL Orientation documentation and receives a BANNER index. It is important that the grantee put in place a sound plan for maintaining appropriate documentation of expenses and expenditures at the outset of a project. A plan for reporting project outcomes should be completed as early as possible in the project.

GEL Grantees will be expected to complete all of the following:

1. Grantee must read all Orientation and complete the required Acceptance of Award DocuSign before access to the funds will be permissible.
3. Budget reconciliation report for all grant types attached to DocuSign.

Printed Name: _______________________________ Signature: _______________________________ Date: _______________

**Department Chair**

I understand the scope of this project and fully support it.

Does this GEL proposal include funding for course re-assigned time? YES NO

If yes, do you agree to allow the applicant one course re-assigned time? YES NO

Comments:

Printed Name: _______________________________ Phone: _______________________ Email: _______________________________

Signature: _______________________________ Date: _______________

**Financial Manager**

I have reviewed this proposal and agree that it conforms to the budget rules of the University.

Comments:
Dean

I understand the scope of this project and fully support it. I have reviewed this proposal and agree that it conforms to the budget rules of the University.

Does this GEL proposal include funding for course re-assigned time?  YES  NO

If yes, do you agree to allow the applicant one course re-assigned time?  YES  NO

Comments:

Printed Name: _______________________________  Phone: _____________________  Email: __________________________

Signature: ___________________________________  Date: ________________