



UWW ORSP DEADLINE: 20 OCTOBER 2009

OFFICE OF PROFESSIONAL AND INSTRUCTIONAL DEVELOPMENT (OPID) CONFERENCE DEVELOPMENT GRANTS FOR SPRING 2010

INTRAMURAL GRANT APPLICATION PACKAGE

X

University of Wisconsin-Whitewater Office of Research and Sponsored Programs Intramural Transmittal Form. ONE original, complete ORSP Transmittal Form including all relevant funding competition information, proposal information, required clearances, and required signatures must accompany each proposal submitted to ORSP.

X

Proposal Development and Submission Instructions. Each University of Wisconsin grant program has varying proposal development and submission requirements. Principal Investigators must review this application package carefully and adhere to specific program requirements to be competitive.

X

Grant Program Forms. Each University of Wisconsin grant program requires the submission of different forms. All relevant forms are included in this application package. Electronic versions of all forms can be accessed on the ORSP Funding Page (<http://www.uwworsp.org/media/funding.htm>).

X

Additional Proposal Development and Submission Resources. University of Wisconsin grant application packages may include additional resource information including evaluation/review criteria, description of proposal review processes and deadlines, and other pertinent appendices.

The Office of Research and Sponsored Programs can provide additional information, proposal development assistance, and copies of funded proposals. ALL proposals must be submitted to ORSP. Grants submitted directly to System or Extension may not be reviewed.

DENISE EHLEN, Director, 262-472-5212, ehlehd@uww.edu
CASEY LEMMON, Research Services Specialist, 262-472-5212, lemmoncc07@uww.edu (UWW Programs)
RON FLEISCHMANN, Associate Research Administrator, 262-472-5212, fleischr@uww.edu (UWS and UW-EX Programs)





UNIVERSITY OF WISCONSIN
WHITewater

RSP APPROVAL & CERTIFICATION
TRANSMITTAL



DO NOT COMPLETE SHADED SECTIONS WITH DOUBLED BORDER – FOR UWW RSP USE ONLY

FUNDING COMPETITION INFORMATION Deadline:		RSP USE ONLY ID:	
1. Sponsor & Program:		Date Submitted:	
2. Address:		Number of Copies to Sponsor (original +)	
3. Telephone:	Fax:	Binding of Original: <input type="checkbox"/> Clip <input type="checkbox"/> Staple <input type="checkbox"/> Other <input type="checkbox"/> N/A	
4. Web:		GT Proposal Entry: GT Award:	
4. Notes:			
PROPOSAL INFORMATION			
5. Principal Investigator:		5a. Department/Division/Institution:	
5b. Address:		Phone:	Fax: Email:
6. Co-Investigator:		6a. Department/Division/Institution:	
6b. Address:		Phone:	Fax: Email:
7. Co-Investigator:		7a. Department/Division/Institution:	
7b. Address:		Phone:	Fax: Email:
8. Co-Investigator:		8a. Department/Division/Institution:	
8b. Address:		Phone:	Fax: Email:
9. Project Title:			
10. Funding Type <input type="checkbox"/> New <input type="checkbox"/> Renewal/Continuation		AWARD INFORMATION – RSP USE ONLY <input type="checkbox"/> GRANT <input type="checkbox"/> CONTRACT	
11. Total Request \$		New Account <input type="checkbox"/> Non-Federal <input type="checkbox"/> Federal (CFDA#)	
12. Match Information \$		Org Information <input type="checkbox"/> New <input type="checkbox"/> Add To	
13. Begin Date End Date		Total Award Begin Date End Date	
REQUIRED CLEARANCES – Does the project involve: Approval is: (choose one)			
14. toxic, infectious or carcinogenic/mutagenic material? Use recombinant DNA technology?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
15. use of human subjects, human tissue or vertebrate animals?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
16. action involving space, remodeling, or construction?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
17. hiring non-UWW personnel?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
18. creation of new degree programs or services?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
19. potential environmental impacts, which require review under the Wisconsin Environmental Policy Act?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending	
REQUIRED SIGNATURES		PLEASE RETURN FORM TO RSP	
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR		SIGNATURE DATE	
I certify that the plan detailed in the proposal/contract complies with all campus, state, and federal regulations and policies and reflects University, College/Division, and Department/Unit goals. This project is achievable as described, including the limitations of time, resources, and personnel expertise. All required clearances have been satisfied. I have disclosed any possible conflicts of interest during the proposal development process. If awarded, I agree to conduct the proposed project in compliance with (1) the conditions of the grant and (2) with all policies of UWW, UWS, and the State of Wisconsin.			
I authorize the use of my name and grant information for university publication. <input type="checkbox"/> NO <input type="checkbox"/> YES (initial)		TYPED NAME:	
DEPARTMENT CHAIR/UNIT DIRECTOR		SIGNATURE DATE	
I certify that I have reviewed the proposal/contract and found it to be complete, including required clearances, budget, and commitments involving space, faculty/staff time, and matching funds. In addition, I certify that all resources and other provisions of any award will be fulfilled. A match (check one) <input type="checkbox"/> has OR <input type="checkbox"/> has NOT been pledged. Cash match will be satisfied by a transfer of funds from org code ____ - ____ - ____ in the amount of \$ ____ or via in-kind contributions as described in the budget (narrative).			
		TYPED NAME:	
COLLEGE DEAN/DIVISION DIRECTOR(S)		SIGNATURE DATE	
I certify that I have reviewed the proposal/contract and found it to be complete, including required clearances, budget, and commitments involving space, faculty/staff time, and matching funds. In addition, I certify that all resources and other provisions of any award will be fulfilled. A match (check one) <input type="checkbox"/> has OR <input type="checkbox"/> has NOT been pledged. Cash match will be satisfied by a transfer of funds from org code ____ - ____ - ____ in the amount of \$ ____ or via in-kind contributions as described in the budget (narrative).			
<i>Student Affairs applicants must secure the signature of the Assistant Chancellor and Deputy Assistant Chancellor in this cell. Applicants submitting proposals including an international component must secure the signature of the Director of International Education and Programs in this cell.</i>			
		TYPED NAME:	
RESEARCH AND SPONSORED PROGRAMS CERTIFICATION		SIGNATURE DATE	
By signing this transmittal, I certify that this proposal/contract is consistent with campus, state, and federal regulations; is within the campus' research/service mission; and is approved for submission to the funding agency.			
INITIAL HERE TO APPROVE GRANT/CONTRACT ACCEPTANCE: DATE:		TYPED NAME: DENISE EHLEN	

UNIVERSITY OF WISCONSIN SYSTEM
OFFICE OF PROFESSIONAL AND
INSTRUNCTIONAL DEVELOPMENT (OPID)
CONFERENCE DEVELOPMENT GRANT
PROGRAM

SPECIAL NOTE

Applicants must first submit the proposal to the Office of Research and Sponsored Programs for internal review and OPID Representative signature.

Contact Denise Ehlen (ehlend, x5212) with additional questions.

CONFERENCE DEVELOPMENT GRANT PROGRAM

Guidelines for Spring 2010 Events

The Office of Professional and Instructional Development (OPID) offers support for programs that promote cooperation and exchange among UW System faculty and instructional staff, are focused on effective and innovative teaching to enhance student learning, and promote academic quality throughout the University of Wisconsin System.

WHAT KIND OF PROGRAMS

Programs are typically workshops, presentations, or mini-conferences on teaching-related subjects. Other commonly funded projects include meetings of faculty or staff in a particular discipline to discuss teaching issues raised by that discipline. Often groups invite guest speakers to give presentations as part of their program. The grant funds are intended to support guest travel, materials, and some expenses incidental to the funded event; these are not intended to provide travel for individual faculty members. Awards may range up to \$1,000.

WHO CAN PARTICIPATE

Programs vary greatly in size and scope; these may be limited to members of a particular department, include faculty and instructional staff from a range of departments, nearby campuses, or expand to invite participants from across the state. Conference Development Grants can also fund teaching-oriented meetings of regional or state-wide discipline-based groups whose membership includes some non-UW System faculty. Faculty, instructional academic staff, and/or graduate teaching assistants may apply for a Conference Development Grant. The audience for the proposed activity should be comprised of faculty, instructional academic staff, and/or graduate teaching assistants.

System institutions are encouraged to consult with OPID staff regarding planning the programs, contacting resource people and developing publicity. For further grant information and assistance, contact La Vonne Cornell-Swanson, Interim Director of OPID, at 608.263.2722 or lcornell-swanson@uwsa.edu.

SELECTION

An OPID committee will select the programs to be funded. Proposals for Conference Development Grants are reviewed according to the following criteria:

- ❖ The objectives and content of the proposed activity should be clearly stated.
- ❖ Priority will be given to proposals related to promoting the Scholarship of Teaching and Learning (broadly defined) and the improvement of teaching and student learning, as opposed to proposals related to course redesign and curriculum development.

- ❖ Priority will be given to activities that connect to larger institutional initiatives including: assessment of high impact practices within learning communities, inclusive excellence, and LEAP.
- ❖ Priority will be given to activities that further explore topics of previous OPID conferences or that allow faculty to share results of previous grant-funded projects with colleagues.
- ❖ Priority will be given to proposals which encourage wide interaction, reaching many faculty and academic staff.
- ❖ Priority will be given to activities where the guest speaker is from within the UW System as opposed to activities that require a speaker from outside. Applicants are asked to provide reasons for selecting a speaker from outside the UW System.
- ❖ The past funding history of a program will be weighed. The goal is to fund a variety of programs and not to keep funding the same program.

SUBMITTING PROPOSALS

Use the attached form to submit proposals. We request that submissions be limited to the attached application form and signed by your institution's OPID administrative representative. (You can find your OPID administrative representative's name and contact information on the OPID web site: <http://www.uwsa.edu/opid/OPIDreps.htm>)

Submit your proposal via email to opid@uwsa.edu by **October 23, 2009** for events taking place between **January 1 and June 30, 2010**.

Note: If you are unable to e-mail the application *with* your OPID administrative representative's signature included, please submit it via email unsigned and then also fax a signed copy to 608-263-2046
Attn: La Vonne Cornell-Swanson

REPORTING

A brief summary of the program is due in the OPID office by **June 25, 2010**. A reporting form will be provided on which to indicate how goals were met and to explain the disposition of your budget. Failure to file this report will result in the loss of eligibility for future UW System Grants.

CONFERENCE DEVELOPMENT GRANT PROGRAM
Application Form for Spring 2010 Events

APPLICANT Name _____
Institution _____
Department _____
Address _____

Off. telephone _____ / _____ Dept. telephone _____ / _____

Email address _____

Prior Conference Development Grant Recipient: _____ Yes _____ No If yes, what years? _____

Date of event: _____ Location: _____

Primary Audience (discipline(s)/approx. no.): _____

_____ Campus Program _____ Regional Program

PROGRAM TITLE:

GOAL OF THE PROGRAM:
(emphasize the benefit to faculty)

GUEST
FACULTY/SPEAKER
(if any)

Name _____

Institution _____

Department _____

AMOUNTS REQUESTED	From OPID	From Other Sources
Travel expenses	_____	_____
Materials: Duplicating	_____	_____
Postage	_____	_____
Telephone	_____	_____
Refreshments	_____	_____
Honorarium	_____	_____
Other expenses (specify)	_____	_____
TOTALS	_____	_____

IF YOU'VE INCLUDED ANY UNUSUAL BUDGET ITEMS OR WISH TO EXPLAIN ANY ASPECT OF YOUR BUDGET, PLEASE USE THIS SPACE:

OPID Administrative Representative's signature: _____