

UNIVERSITY GRANTS ACADEMY  
**AY 2019-2020 APPLICATION FORM**

Office of Research | One Washington Square | San José, CA | 95192-0022 | 408-924-2272

**Application Deadline: Wednesday, November 13, 2019, 5:00pm**

**Submit Completed Applications to: [OfficeofResearch@sjsu.edu](mailto:OfficeofResearch@sjsu.edu)**

**Instructions:** Complete form, obtain appropriate signatures, and submit to the Office of Research.

**APPLICANT'S INFORMATION**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

College: \_\_\_\_\_

If tenure-track faculty member, please list probationary year or date of appointment: \_\_\_\_\_

If tenured faculty member, please indicate academic rank (assistant, associate or full) and tenure date: \_\_\_\_\_

Have you written a proposal for this project before? \_\_\_\_\_

If not included in your CV, please list below recent (within the last 3 years) internal and external grants or release time awards received from either a public or private sponsor to support your RSCA.

Funder	Award Amount	Project title and work funded	Timeframe

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How does this current project differ from or extend the work funded by previous internal or external grants?

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Please briefly explain why you are applying for the University Grants Academy at this time, and what you hope to gain from the experience. Please identify potential funding opportunity to be pursued. (This means funding agency and specific initiative or program announcements.)

**ATTACHMENTS**

Please upload the attachments needed for your application (e.g, CV, draft proposal narrative, and preliminary proposal budget and budget justification).

**APPLICANT'S APPROVAL**

My signature below indicates that release time for this grant-writing project has not been funded by another source and that this project will not require any additional department/college/unit resources. I also understand and accept that I will not be eligible for further RSCA-related support from Central initiatives until my UGA grant proposal is submitted or for three years, whichever is first.

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

**DEPARTMENT AND COLLEGE APPROVALS**

My signature below indicates that I agree to allow this faculty member to accept 0.2 course release (if awarded) for Spring 2020, to complete the requirements of the University Grants Academy.

Dept. Chair/School Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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