**Educational Enhancement Grants**

**LSU Health Teaching Academy**

# 2016-17

##### Proposal Application

**(Submission Deadline: Friday, April 15, 2016, 4:00 p.m.)**

Submit as a single PDF of original, signed proposal packet to academy@lsuhsc.edu.

**Cover Page**

|  |  |
| --- | --- |
| **PROPOSAL TITLE:** |  |

**PROPOSAL CATEGORY:** (check one)

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_Educational Innovation/Enhancement | \_\_\_Faculty Study Group | \_\_\_Faculty Mentorship | \_\_\_Travel Award |

**PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR:**

|  |  |
| --- | --- |
| Name: | Position: |
| Department/Section: | School: |
| Telephone: | FAX: | Email Address: |
| Campus Address: |

**PROJECT TEAM MEMBERS:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Primary Department** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL FUNDS REQUESTED:** | $ | **TOTAL PROGRAM/DEPARTMENT CASH SUPPORT**: | $ |
| **IN-KIND SUPPORT:** |  |

**The undersigned agree to all policies and procedures pertaining to the Academy Educational Enhancement Grant (EEG) program and verify that the funded project will be completed and sustained as described in the project proposal. (NOTE: Failure to comply with program stipulations will result in repayment of expended funds and revocation of any unused funds.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Director/Principal Investigator | Date | Sponsoring Department Chair/Program Director | Date |
| Team Member | Date | Sponsoring Department Chair/Program Director | Date |
| Team Member | Date | Sponsoring Department Chair/Program Director | Date |
| Team Member | Date | Sponsoring Department Chair/Program Director | Date |
| Team Member | Date | Sponsoring Department Chair/Program Director | Date |
| Team Member | Date | Sponsoring Department Chair/Program Director | Date |

**Educational Enhancement Grants**

**LSU Health Teaching Academy**

## **2016-17**

**Project Abstract**

|  |  |
| --- | --- |
| **PROPOSAL TITLE:** |  |

**PROPOSAL CATEGORY:** (check one)

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_Educational Innovation/Enhancement | \_\_\_Faculty Study Group | \_\_\_Faculty Mentorship | \_\_\_Travel Award |

**PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR:**

|  |  |
| --- | --- |
| Name: | Position: |
| Department/Section: | School: |

|  |
| --- |
| (250 words or less) Highlight the interior of this cell and to copy and paste your project abstract here.  |

**Proposal Narrative**

1. **Project Description and Rationale (including expertise of project team members):**
2. **Objectives:**
3. **Work Plan:**
4. **Evaluation:**
5. **Long-term Benefits:**

**Budget**

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Direct Funds Requested** | **In-Kind/Matching Funds** |
| Faculty/Staff Support  | Not allowed |  |
| Student/Graduate Assistant Support |  |  |
| Equipment *(itemize)* |  |  |
| Supplies *(itemize by category)* |  |  |
| Travel |  |  |
| Other *(itemize by category)* |  |  |
| Indirect Costs | Not allowed | Not applicable |
| **Column Totals** |  |  |

**Budget Justification**

**(Itemized items and including quotes)**

**References**

**Appendix**