



**KUTZTOWN UNIVERSITY ASSESSMENT GRANTS PROGRAM**

**APPLICATION COVER SHEET**

Project Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Department \_\_\_\_\_

Email Address \_\_\_\_\_

Co-Principal Investigator(s)

\_\_\_\_\_

Please indicate the specific Assessment Grant program:

Abstract of research proposal:

Amount of budget request \_\_\_\_\_

Projected beginning date for project \_\_\_\_\_

PREVIEW ONLY  
VOID

Projected end date for project \_\_\_\_\_

**Proposed Budget**

Round off all numbers to the nearest dollar and list only whole dollar amounts.

Budget Item	Amount
<b>Stipend Total: List the total stipend amount here</b> Each PI stipend should be listed separately with the corresponding total stipend. Individual stipends should not exceed \$2,500, including benefits.	
<b>Student Wages</b>	
<b>Consulting Fees</b>	
<b>Supplies</b>	
<b>Equipment</b>	
<b>Operating Expenses</b>	
<b>Other (specify)</b>	
<b>Other (specify)</b>	
<b>TOTAL</b>	

**Budget Notes**

1. Provide supporting detail for all budget items that are not self-evident or fully explained in the project description.
2. Payment for faculty stipends will be paid in full upon completion of the project and submission of the final report to the Office of Assessment.

**Signatures**

PI \_\_\_\_\_

Department Chair \_\_\_\_\_

Dean \_\_\_\_\_

Grants and Sponsored Projects \_\_\_\_\_

To be completed by Grants & Sponsored Projects

Faculty Name	Total Stipend Budget	Stipend	Benefits

PREVIEW ONLY  
VOID