## **Grant Academy Application**

Please complete all sections of the application. Please contact Melissa Throckmorton by email (throckmortms@vcu.edu) or phone (804-827-1443) with any questions.

Research and Proposal Information	
Have you applied to or participated in any previous VCU grant writing institutes or academies?	○ Yes ○ No
If yes, please list the year(s) you participated:	
Title/Area of Research	
Funding Opportunity Information Please include to opportunity.	he information below on your chosen funding
Title of chosen funding opportunity, including agency identifier number (e.g. RFP-17-702), if applicable.	
Full proposal submission deadline	
Letter of intent/preliminary proposal deadline (if applicable)	
Funding opportunity webpage	
Full name of funder (If you are applying to an entity other than a federal/state/local agency or nonprofit foundation, please specify both the name and type of funding entity)	
List all Co-I(s) and/or collaborators (including home institution, if other than VCU, and department) as applicable. If you are a single investigator, please list N/A.	(If none, please insert NA)
Have you spoken to an agency program officer about your research idea and chosen funding opportunity?	○ Yes ○ No
If awarded, how will this grant have a transformative impact on your career?	



who will serve as your mentor during the Grant Academy and through your proposal	
submission.	
Name of the VCU mentor or senior faculty member who will serve as your internal reviewer for this proposal submission.	(Please provide first and last name)
Title	<ul> <li>Assistant Professor</li> <li>Associate Professor</li> <li>Professor</li> </ul>
Faculty Mentor/Reviewer College or School	<ul> <li>Arts</li> <li>Business</li> <li>Dentistry</li> <li>Education</li> <li>Engineering</li> <li>Health Professions</li> <li>Humanities and Sciences</li> <li>Medicine</li> <li>Nursing</li> <li>Pharmacy</li> <li>Social Work</li> <li>Wilder</li> <li>Other</li> </ul>
If other, please specify	
Faculty Mentor/Reviewer Department	
Faculty Mentor/Reviewer Email Address	

Required Documents (Please upload all documents as a single PDF file labeled "lastname\_YYYY-SemesterApplied" (i.e., Smith\_2020-Fall)

Full Faculty Applicant CV. The application must include the proposed faculty participant's full CV (please do not upload agency biosketch). One-Page Research Project Abstract. The application must include a one-page abstract of your proposed research project (Arial 11-point font, single-spaced). Co-PI, Co-I, and/or Collaborating partner CV(s), if appropriate. The application must include full CV(s) for any proposed faculty collaborators (Please do not upload agency biosketches). Full Senior Faculty Mentor CV. The application must include a full CV for the participant's senior faculty mentor (please do not upload agency biosketch). VCU Grant Academy Attestations and Endorsements Form. A form outlining the terms and conditions of participation in the Grant Academy must be signed by both the proposed faculty participant and the designated faculty mentor/reviewer. It must also be endorsed by the department, by way of the department chair/designee's signature. Once all signatures are secured, the document must be scanned and saved as a PDF and included in your full application package PDF.

Attachments upload (single PDF)

