



**Connecticut Space Grant College Consortium
Faculty Application _____ Program Year**

- | | |
|---|---|
| <input type="checkbox"/> Curriculum Development | <input type="checkbox"/> Research Collaboration |
| <input type="checkbox"/> Research Grant | <input type="checkbox"/> Travel |

Name: <i>Last</i>	Name: <i>First</i>	Name: <i>MI</i>
Rank/Title:	Tenure Status:	
Department:	Consortium Member Institution:	
Mailing Address:		
Phone:	Fax:	Email:
Project Title/Trip Destination: _____		
Proposed Research Period/Travel Dates:		
<input type="checkbox"/> Summer	<input type="checkbox"/> Calendar	<input type="checkbox"/> Academic
<input type="checkbox"/> Travel Dates	_____	
Research Collaboration / NASA Center Collaboration:		
Institution & Department / NASA Center:		
Collaborator/University Affairs Officer:		
Budget Request: \$ _____ Match (1.5:1) Commitment Amount: \$ _____		

Institutional Certification	<input type="checkbox"/> Signatures below certify that the PI's institution approves of the matching funds commitment indicated above and acknowledges an understanding that if this proposal is awarded, the PI's institution will need to enter into a sub-contract between itself and the University of Hartford before any NASA CT Space Grant Consortium funds can be disbursed.
PI's Institutional Signature: _____	Date: _____
PI's Department Chair Signature: _____	Date: _____
Eligibility Certification	<input type="checkbox"/> I certify that all of the information contained in this application is complete and correct and that I meet all of the eligibility requirements for this program.
PI's Signature: _____	Date: _____

For Consortium Use Only	
Award: <input type="checkbox"/> Yes	<input type="checkbox"/> No Amount: \$ _____
Date Sub-Contract Sent to Institution: _____	Date Sub-Contract Fully Executed: _____