

THE NORMAN CAMPUS RESEARCH COUNCIL JUNIOR FACULTY FELLOWSHIP (JFF) PROGRAM
Application Cover Sheet

PROJECT INFORMATION

Applicant Name:	Date of Submission:
	EMPL ID:
Title and Department:	
TT Start Date (Month/Year):	Email:
Project Title:	
Department financial administrator:	

RESEARCH AREA *indicate all that apply*

<input type="checkbox"/> - Physical Sciences	<input type="checkbox"/> - Social Sciences	<input type="checkbox"/> - Life Sciences	<input type="checkbox"/> - Education	<input type="checkbox"/> - Fine Arts
<input type="checkbox"/> - Engineering	<input type="checkbox"/> - Humanities	<input type="checkbox"/> - Business	<input type="checkbox"/> - Other (specify): _____	

FUNDS REQUESTED BY CATEGORY (Request cannot exceed \$7,000)

ITEM	AMOUNT	ITEM	AMOUNT
Summer Stipend	\$	Materials/Supplies/Services	\$
Other Personnel (salary & fringe benefits)	\$	Research Travel	\$
Laboratory Equipment	\$	Other: Specify	\$
Computer Equipment	\$		

TOTAL BUDGET REQUEST: \$ _____

Is this project currently being considered for funding by another source? ☐ Yes ☐ No

☐ Research Council Faculty Investment Program (FIP)

☐ Arts and Sciences Junior Faculty Fellowship Program

☐ Another internal funding source (specify): _____

☐ External agency (specify): _____

SPECIAL CONSIDERATIONS

If the project involves any item(s) listed below, please check the appropriate box(es). Formal written approval from the appropriate organization (e.g., IRB, IACUC, Export Controls Office, Biosafety Committee) must be provided to the Office of the Vice President for Research prior to the receipt of Research Council funds.

<input type="checkbox"/> HUMAN SUBJECTS	<input type="checkbox"/> LABORATORY ANIMALS	<input type="checkbox"/> EXPORT CONTROLS	<input type="checkbox"/> TOXINS
<input type="checkbox"/> RADIOISOTOPES	<input type="checkbox"/> BIOHAZARDS	<input type="checkbox"/> RECOMBINANT	<input type="checkbox"/> OTHER (list below)
Other Special Considerations: _____ DNA _____			

PROPOSAL CHECKLIST

- ☐ Application Cover Sheet
- ☐ Abstract (no more than 250 words)
- ☐ Project Description (5 page limit)
- ☐ Career Impact Statement (1 page limit)
- ☐ References (no page limit)
- ☐ Use of Research Council Funds (1 page limit) – only required if applicant has received a JFF or FIP in the past
- ☐ Budget and Justification (2 page limit)
- ☐ Current CV (no page limit)
- ☐ Letter of Endorsement from Department Chair/School Director
- ☐ Description of plans for review from IRB, IACUC, etc., if appropriate
- Teaching Release Form (if applicable)

*Proposals are to be submitted as a single PDF document using the online submission form no later than **Monday, January 5, 2025 by 5:00 pm**. This cover sheet may be scanned after receiving the signatures below. **SUBMISSION VIA EMAIL WILL NOT BE ACCEPTED.***

SIGNATURES

Your signatures formally indicate your consent for the proposal to be reviewed by members of the Research Council as well as possibly by other non-Council OU faculty (in a discipline generally related to your own), all of whom agree to hold in strict confidence the contents of the proposal and any recommendations made upon it.

Also, by submitting this proposal as the applicant, you agree, **if funded**, to review no more than three Research Council proposals (**if needed**) in a two-year period that begins when your proposal is approved.

This is a reimbursement program. If funded, the OVPR commits to reimbursing the Department for expenditures up to the award amount. The reimbursement will be made after the completion and approval of the Final Report. The Final Report must be completed within the time frame outlined in the award letter.

SIGNATURE OF APPLICANT:

SIGNATURE OF DEPARTMENT CHAIR(S)/DIRECTOR(S):

SIGNATURE OF DEAN(S)/ASSOCIATE DEAN(S):
