

Tucker Hall Tallahassee, FL 32307 Phone: (850) 599-3505 gradstudies@famu.edu

Faculty Research Awards Program (FRAP) Application

Funding Period August-June 30

Thank you for your interest in the Faculty Research Awards Program (FRAP). The FRAP offers small grants for
regular, full-time faculty to conduct research in their respective fields of study and promote scholarly work
addressing local, regional, state, and national problems. Under the FRAP, awardees will receive up to \$5,000.
Awards are limited, competitive, and contingent upon the availability of funds. Collaborative research
proposals that address problems more wholistically are encouraged.

The deadline for submission is 5:00 p.m. on August 15th. Submit a complete application **and** supporting documents to <u>gradstudies@famu.edu</u> no later than 5:00 p.m. on August 15th. Label the subject line: FRAP_Last Name First Name Academic Year. Example: FRAP Doe, Sample 2023-2024.

Name_First Name_Academic	_ Year. Exar	npie: FKA	P_Doe, Sample_2	023-2024.	
This application is for Academic Yea 2023)	r (e.g., 2022-				
Principal Investigator					
Contact Number(s)	•				
FAMU Email					
College or School			Academi	c Department	
Co-PI					
Contact Number(s)	•				
FAMU Email					
College or School			Academi	c Department	
Proposal Title					
Have you been funded previously by					
Is this proposal being funded by ano		·			
Proposal Type (New or Re-Submitta	l)				
Location of Project	On-Campı	ıs _Off-Cai	mpusOff-Campus	/In-Country Only	
Proposal Internal Review:	Does the proposal require Institutional Review Board (IRB) Approval?				
	Does the proposal require review by the Animal Care Committee?				
	If the answer is "yes" to the above questions, please submit the appropriate forms to confirm that				
			3/IACUC approval.	, F	Tr r
	submitting all	the above-	required documen	ts. I have compl	s. I am a regular, full-time faculty eted all sections of the application. ne required training.
Principal Investigator Printed Na	nme	Applio	cant Signature		Date
Department Chair Signature Prin	nted Name	Applio	cant Signature		Date

Applicant Signature

(**Your signature above verifies that you have reviewed and approved the submission of this proposal).

School/College Dean Signature** Printed Name