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

PROJECT INFORMATION		Date of Submission:	
Applicant Name:		EMPL ID:	
Title and Department:			
TT Start Date (Month/Year):		Email:	
Project Title:			
Department financial administrator:			
RESEARCH AREA indicate all that apply			
- Physical Sciences - Social Science - Engineering - Humanities	Busi		Fine Arts y):
FUNDS REQUESTED BY CATEGORY (R		· · · · · · · · · · · · · · · · · · ·	
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: \$			
	nent Program (FIF Fellowship Progra (specify):	P)	
SPECIAL CONSIDERATIONS If the project involves any item(s) listed below appropriate organization (e.g., IRB, IACUC, Extical President for Research prior to the received.	port Controls Off	ice, Biosafety Committee) must be p	
HUMAN SUBJECTS LABORATORY ANIMALS EXPORT CONTROLS* TOXINS RADIOISOTOPES BIOHAZARDS RECOMBINANT DNA OTHER (list belo ther Special Considerations:		☐ TOXINS ☐ OTHER (list below)	

*International travel requires the completion of the Export Controls Decision Wizard http://www.ou.edu/exportcontrols.html

Last revised: 2020 Page 1 of 2

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 (https://ousurvey.qualtrics.com/jfe/form/SV_erDT4So16kuSMRv) no later than Monday, January 6, 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):