**INVESTMENT IN STRATEGIC PRIORITIES (ISP)**

**REQUEST FOR FUNDING**

# January 1 – December 31, 2025

Investment to assist faculty in addressing challenges in bringing research/scholarly projects to fruition.

**ELIGIBILITY**: All tenure, clinical, research, and instruction track faculty with 50% or greater appointment; may only receive one award every other year.

* Faculty must submit their funding request to their [associate dean for faculty](https://provost.uiowa.edu/associate-deans-faculty), who will then submit the request to faculty@uiowa.edu.
* Requests are due by **November 22, 2024, 5 pm**.
* Funding is limited and will be awarded on merit in the order they are received.
* ISP funding must be expended before other funding sources.
* The funding is designed to help faculty bring research/scholarly projects to closure within the time frame of the award.
* Extensions or repurposing of fund requests will not be considered.
* Incomplete or late submissions will not be considered.

**Faculty Member:** Click or tap here to enter text.

**College/Department:** Click or tap here to enter text.

**Track:** Choose an item.

**Rank:** Choose an item.

**Please identify which area the request for funding applies:**

[ ]  Provide resources for faculty to complete projects.

[ ]  Provide portion of summer salary to support research and instruction.

[ ]  Provide small amounts of bridge funding to help with completing projects.

[ ]  Provide funds to cover page charges for publications, particularly for faculty who do not have grants for this purpose (clinical track for example).

[ ]  Provide travel funds to attend meetings.

**Requested amount** (maximum $5,000): $Click or tap here to enter text.

**Budget justification** (<150 words): Please include itemized amounts and justification, requesting only what is needed so that additional faculty projects may be funded. Budget may be adjusted centrally after receipt of request.
Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| Budget Category  | Line-item Purpose | Requested Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| Total |  | $Click or tap here to enter text. |

**Brief description of expected outcomes** (<100 words)
Click or tap here to enter text.

### Collegiate Approval (Signature by associate dean or dean required to submit request.)

**Name: **

 Click or tap here to enter name of approving Associate Dean or Dean.
**Date:** Click or tap to enter a date.

**SUBMIT COMPLETED FORM AS WORD DOCX (NOT PDF) TO:**

**** FACULTY.UIOWA.EDU