### **Cover Page**

# 2018-19 Vilas Life Cycle Professorship Application Women in Science & Engineering Leadership Institute (WISELI)/The Office of the Provost 3065 Mechanical Engineering Building, 1513 University Avenue, Madison, WI 53706

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Project Title											
Proposed Start Date		Proposed End Date									
Proposed Start Date		1 Toposed End Date	Proposed End Date								
Principal Investigator				11000							
Name	Rank	College/School and	Department	UDDS							
Freed	Dhana	Address (research ville	dia a stasst)								
Email	Phone	Address (room, build	aing, street)								
PI's Department Grants Administrator											
Name	Email & Phone	Address (building, ro	oom, street)								
Statements Regarding Use of Hu Note: Projects require appropria	ıman Subjects, Animals, and ate committee review before f	Biological Materials junds will be allocated	1								
note: 1 rejects require approprie	ate committee forten before i	ando win bo anocato	<b>.</b>								
Does the proposed research involve human subjects?						Yes		No			
If yes, has the project previously been reviewed and approved by your Institutional Review Board?  If yes, indicate date of approval: Month Year Year						Yes		No			
Does the proposed research invol		w the December Anime	l Dagawaga Ca			Yes		No			
If yes, has the project previously If yes, indicate date of approval:			i Resources Ce	nier?		Yes		No			
Does the proposed research <b>involve the use of potentially hazardous biological materials</b> ?								No No			
If yes, has the project previously been reviewed and approved by the Biological Safety Committee?  If yes, indicate date of approval: Month Year							ш	INO			
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By signing below, I agree that the information provided in this application for a Vilas Life Cycle Professorship is accurate.											
Principal Investigator's Signature		Date	WISELI Use								
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			0								

## 2018-2019 Vilas Life Cycle Professorship Budget Form

#### Section A. Worksheet/Justification 1. Academic Staff or Faculty\* Title & Name (if known) 2018-19 Period % Time Requested \$ Salary MM/YY thru MM/YY \$ Salary Requested 50% □ 33% 25% Other % 50% □ 33% 25% Other % \*If requesting salary for the faculty/PI, please read the FAQs and/or contact jennifer.sheridan@wisc.edu for instructions. Total \$ 2. Research Assistants Name (if known) Annual or Period No. of % Time Requested \$ Salary Requested MM/YY thru MM/YY Academic Months ☐ Annual 50% □ 33% ☐ Academic yr. 25% Other % ☐ Annual 50% □ 33% □ Academic yr. 25% Other % Total \$ 3. Project Assistants. Period MM/YY thru MM/YY Name (if known) No. of % Time Requested \$ Salary Requested Months 50% □ 33% 25% Other % 50% □ 33% 25% Other % Total \$ 4. Research Associates. \$ Salary Name (if known) 2018-19 Period % Time Requested MM/YY thru MM/YY \$ Salary Requested 50% □ 33% □ 25% Other % Total \$ 5. LTE Hourly Help Total \$ \_\_\_\_\_ Total \$ \_\_\_\_ 6. Student Hourly Help

7. Project Travel. (Justify travel required for the project.)

Total \$ \_\_\_\_

## 2018-2019 Vilas Life Cycle Professorship Budget Form

8. Supplies, Expenses, and Computing Time. (Detailed list of items and cost for each item)	l otal \$		
9. Capital Equipment. List each item over \$5,000, proposed use, value, an			
Item description Proposed Use/Justification	<u>Value</u>	\$ Amount <u>Requested</u>	
		Total \$	
Section B. Budget Summary			
		Other Funding (Note source of funds; e.g.,	
	Vilas Funding	department, Graduate	
1. Academic Staff Salary		School, startup, etc.)	
2. Research Assistant Salary			
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3. Project Assistant Salary			
4. Research Associate Salary			
5. LTE Hourly Help			
6. Student Hourly Help			
7. Project Travel			
8. Supplies, Equipment, Computing Time			

9. Capital Equipment

12. Total Amount

11. Tuition Remission (\$6,000/semester)

10. Fringe Benefits (Rates: http://www.rsp.wisc.edu/rates/index.html)

## **Current and Pending Support (please include startup, if applicable)**

Online tool available here: https://www.rsp.wisc.edu/currentPending/

Comparts		-	* **
·· — — — — — — — — — — — — — — — — — —	on Planned in	near Future	
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$ Total Award Period	d Covered:		
Location of Project:	a 0010.0a.		
Person-Months Per Year Committed to the Project.	Cal:	Acad:	Sumr:
<u> </u>	on Planned in		*Transfer of Support
Project/Proposal Title:	on i iannea m	iteal i uture	Transier of Support
, rejecti repecta rino.			
Source of Support:			
Total Award Amount: \$ Total Award Period	d Covered:		
Location of Project:			
Person-Months Per Year Committed to the	Cal:	Acad:	Sumr:
Support:	on Planned in	Near Future	☐ *Transfer of Support
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$ Total Award Period	d Covered:		
Location of Project:			
Person-Months Per Year Committed to the	Cal:	Acad:	Sumr:
Support: Current Pending Submission	on Planned in	Near Future	☐ *Transfer of Support
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$ Total Award Period	d Covered:		
Location of Project:			
Person-Months Per Year Committed to the	Cal:	Acad:	Sumr:
	on Planned in	Near Future	
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$ Total Award Period	d Covered:		
Location of Project:			
Person-Months Per Year Committed to the Project.	Cal:	Acad:	Sumr:

USE ADDITIONAL SHEETS AS NECESSARY

## **Budget Justification**

In one page or less, please describe how the requested funds fit into your research plans. *Please include an explanation for how the requested Vilas funding fits into any other funding you may have, including remaining startup funds, if applicable.*