Assessment Mini Grant Application

Program Assessment Committee

Office of Assessment

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department or Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the purpose of the assessment investigation and what is the history behind this investigation?
2. Please identify where this investigation fits into the assessment cycle below. Explain all phases that apply to this investigation. (Diagram from James Madison University Assessment Office)
3. Identify the link/connection to university, program, and/or general education outcome(s) and explain how the investigation will address student learning at A-State.
4. Please list an itemized budget.

4a. If this investigation is successful, will you continue it into the future? If yes, what other sources of funding will you use to sustain the investigation?

4b. Have you explored other funding sources? If yes, what other sources?

1. Investigation methodology, if applicable.
2. Intended Audience (i.e. program faculty, conference presentation, journal submission) (Be sure to get your IRB Approval if needed).
3. What is the timeline for this investigation?
4. How will you know this project is successful?

8a. If it is successful, will you submit the results for a conference presentation, publication, and/or other internal or external grants?

By submitting this application, I understand that my chair and/or dean, or unit head may be consulted as to their endorsement of this project. I further understand and agree that by accepting any funds I am agreeing to:

* Money must be spent by June 10 to allow for budget transfers and/or requisition approval
* Investigation must be presented at Learn@Astate even if it is ongoing, which is held in mid-March
* One-page summary of results due by last business day in June
* 20% of award will be withheld until all items above are met
* Future funding is contingent upon project completion and fulfilling all grant requirements

Print *Applicant* Name Applicant Signature Date

Print *Department Chair/Supervisor* Name Department Chair/Supervisor Signature Date

Print *College Dean/Vice Chancellor* Name College Dean/Vice Chancellor Signature Date