

**Incubation Fund Grant Proposal**

For any teaching activity designed with a view to creating SoTL publications, conference presentations, or a larger pedagogy-related grant application. This might be a proof-of-concept project, or simply discrete research that adds to knowledge in the field of pedagogy. Funds can be used to pay individuals, including students and faculty, for their time; for materials; for guest presenters/speakers; or for fieldwork. Grants do not normally cover off-the-shelf software or equipment.

Required fields are marked \*

Applicants are encouraged to meet with a member of the CTT team before submitting their application. Please email queries to [ctt@unl.edu](mailto:ctt@unl.edu) and submit completed applications to [NURamp](https://nuramp.nebraska.edu/).

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| --- | --- | --- |
| **\*Name of lead applicant / co-applicant** | | \*Department / School / College / Center / Other Teaching-focused Unit |
|  | |  |
| **\*Email address** | | **\*Telephone** |
|  | |  |
| \*Title of project | | |
|  | | |
| **\*Total amount requested** | | |
| **Names of others involved (if applicable)** | | |
| Name | | Department / School / College / Center / Other Teaching-focused Unit |
| Name | | Department / School / College / Center / Other Teaching-focused Unit |
| **\*Estimated start date** | **\*Estimated completion date** | |
| \*This project is focused on students from which departments and which levels? | | |
| Discipline(s): | | |
| Levels: | | |
| Course / program title (if applicable): | | |
| **\*Overview of proposed project**  In this section provide a brief (500 words) overview of your proposal.  In what ways does the proposal support creating opportunities for historically underrepresented populations to have equal access to and participate in educational programs that are capable of closing the achievement gaps in student success and completion? | | |
| **\*Equity**  Please explain how your proposal responds to the purpose and criteria of your program and focuses on equity as defined by the Office of Diversity and Inclusion at UNL. Click <https://cue.usc.edu/equity-by-design-five-principles/> to learn more about equity principles. | | |
| **\***[**Inclusive**](https://diversity.unl.edu/inclusive-excellence-and-definitions)**,** [**active, and engaged teaching and learning**](https://teaching.unl.edu/active-learning/)  Please explain how your proposal facilitates and aligns with inclusive, active, and engaged teaching and learning.  **\*Collaborative Student-Faculty Engagement**  Please explain how your proposal collaboratively engages students and faculty. Outline clearly how students will be involved in the co-creation of the grant’s execution.  **\*Impact and Evaluation**  Please explain the anticipated impact of your proposal in terms of improved outcomes for student learning. Explain, also, how you will measure the effect of that impact. [View examples of evaluation plans from prior proposals.](https://teaching.unl.edu/Opportunities/Grants/Example_Evaluation_Plans.pdf)  **\*Budget**  Please show how you intend to use the funds. Please give an itemized list of how you intend to use the funds. Funds can be used to pay individuals, including students and faculty, for their time; for materials; for guest presenters/speakers; or for fieldwork. Grants do not normally cover off-the-shelf software or equipment, or travel to conferences unless that travel is part of project dissemination.    **\*Sustainability**  Please explain how your project will be sustainable beyond the grant.  For example, how will the product of this funding continue to be used beyond the next year? What other sources of funding may be available to continue this project? What are the next steps after this grant period?  **\*Timescale**  Projects should be completed within one year. Please provide a timeline. | | |
| **\*Signature of applicants** | | |
| Signature faculty:  Name (please print):  Date: | | |
| \*Approval by Department Chair / Dean. Please ensure that you have consulted with your Head of Department / Dean before submitting your application. | | |
| Comments (optional):  I support this application and confirm that resource implications for the department/school have been discussed and agreed with the applicant(s).  Signature:  Name (please print):  Date: | | |