**TRIBAL STUDENT RESEARCH PROJECT APPLICATION**

**INSTRUCTIONS:** Fill out this application in its entirety by typing directly into this document. Please submit applications to Emily Good Weasel, Program Manager. Applications can be submitted in the following formats:

* Via email (preferred): attach and email to Emily.GoodWeasel@gptchb.org, including “Tribal Student Research Project Application” in the subject line
* Via mail: to GPTCHB Attn: Emily Good Weasel, 2611 Elderberry Blvd, Rapid City, SD 57703
* Via fax: to (605) 721-1932 Attn: Emily Good Weasel

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| **Applicant Information:** |
| Primary ResearcherContact Information: | Name: Click or tap here to enter text. |
| Tribal Affiliation: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| College/University: Click or tap here to enter text. |
| Degree & Concentration: Click or tap here to enter text. |
| Mailing Address: Click or tap here to enter text. |
| City, State, Zip: Click or tap here to enter text. |
| Advisor Name & Title: Click or tap here to enter text. |
| Participating Tribe(s)/ Service Area(s): | Click or tap here to enter text. |
| Primary Tribal/Service Area Partner:*Attach an additional document providing this information for any additional partners* | Name: Click or tap here to enter text. |
| Tribal Affiliation: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| College/University: Click or tap here to enter text. |
| Degree & Concentration: Click or tap here to enter text. |
| Co-Investigator:*Attach an additional document providing this information for any additional Co-Investigators* | Name: Click or tap here to enter text. |
| Tribal Affiliation: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| College/University: Click or tap here to enter text. |
| Degree & Concentration: Click or tap here to enter text. |

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| **Project Narrative** |
| Instructions: Provide a description of the following:* **Who and Where** – details about the participating tribal community(ies) (context/background, considerations key partners) and the researcher
* **What** – basic project proposal including topic, question(s)/hypothesis(es) to be explored, research methods selected and why, potential challenges and how they will be overcome
* **Why** – rationale for selection of the topic and potential impact of the project to the community(ies) participating
 |
| Click or tap here to enter text. |

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| **Project Narrative (continued)** |
| Instructions: Provide a description of the following:* **Who and Where** – details about the participating tribal community(ies) (context/background, considerations key partners) and the researcher
* **What** – basic project proposal including topic, question(s)/hypothesis(es) to be explored, research methods selected and why, potential challenges and how they will be overcome
* **Why** – rationale for selection of the topic and potential impact of the project to the community(ies) participating
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| Click or tap here to enter text. |

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| **Project Narrative (continued)** |
| Instructions: Provide a description of the following:* **Who and Where** – details about the participating tribal community(ies) (context/background, considerations key partners) and the researcher
* **What** – basic project proposal including topic, question(s)/hypothesis(es) to be explored, research methods selected and why, potential challenges and how they will be overcome
* **Why** – rationale for selection of the topic and potential impact of the project to the community(ies) participating
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| Click or tap here to enter text. |

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| **Application Budget** |
| Instructions: Provide a detailed budget for the project that is appropriate to the level of effort and supplies necessary to engage in the proposed scope of work. Note that if the project is selected for funding, this scope of work will be copied for inclusion in the Terms of the Subaward Agreement funding mechanism. |
| PERSONNEL |
| Name | Role on Project | Salary Requested | Fringe Benefits[[1]](#footnote-1) | Subtotal |
| Enter Name. | Enter Role. | $0/hour | $0 | $0 |
| Enter Name. | Enter Role. | $0/hour | $0 | $0 |
| Enter Name. | Enter Role. | $0/hour | $0 | $0 |
| PERSONNEL Subtotal | **$**0 |
| CONSULTANT COSTSItemize & Justify Costs. | $0 |
| EQUIPMENTItemize & Justify Costs. | $0 |
| SUPPLIESItemize & Justify Costs. | $0 |
| TRAVELItemize & Justify Costs. | $0 |
| OTHER COSTSItemize & Justify Costs. | $0 |
| **TOTAL COSTS** | **$5,000** |

1. Fringe Benefits include Click or tap here to enter text. [↑](#footnote-ref-1)