

Cover Page

**2024-25 Vilas Life Cycle Professorship Application
University of Wisconsin-Madison/Office of the Provost**

| | | | |
|--------------------------------------|---------------|----------------------------------|------|
| Project Title | | | |
| Proposed Start Date | | Proposed End Date | |
| Principal Investigator | | | |
| Name | Rank | College/School and Department | UDDS |
| Email | Phone | Address (room, building, street) | |
| PI's Department Grants Administrator | | | |
| Name | Email & Phone | Address (building, room, street) | |

Statements Regarding use of Human Subjects, Stem Cells, Biological Safety, Drone Usage, and Animal Welfare
Note: Projects require appropriate committee review before funds will be allocated.

| Approval Type (IRB, IACUC, Biosafety, Stem Cell, Drone) | Protocol Number | Protocol Status | Approval Date | Expiration Date |
|---|-----------------|-----------------|---------------|-----------------|
| | | | | |
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By signing below, I agree that the information provided in this application for a Vilas Life Cycle Professorship is accurate. A typed name will indicate a signature.

| | |
|------------------------------------|------|
| Principal Investigator's Signature | Date |
|------------------------------------|------|

2024-2025 Vilas Life Cycle Professorship Budget Form

Section A. Worksheet/Justification

1. Academic Staff or Faculty*

| Title & Name (if known) | 2023-24 \$ Salary | Period MM/YY thru MM/YY | % Time Requested | \$ Salary Requested |
|-------------------------|----------------------|----------------------------|--|------------------------|
| | | | <input type="checkbox"/> 50% <input type="checkbox"/> 33% <input type="checkbox"/> 25% <input type="checkbox"/> Other % | |
| | | | <input type="checkbox"/> 50% <input type="checkbox"/> 33% <input type="checkbox"/> 25% <input type="checkbox"/> Other % | |
| Total \$ | | | | |

*If requesting salary for the faculty/PI, please read the FAQs and/or contact jennifer.sheridan@wisc.edu for instructions. Summer salary is capped at same rate as Vilas awards: <https://www.rsp.wisc.edu/Vilas/rates.cfm>.

2. Research Assistants

| Name (if known) | Annual or Academic | Period MM/YY thru MM/YY | No. of Months | % Time Requested | \$ Salary Requested |
|-----------------|--|----------------------------|------------------|--|------------------------|
| | <input type="checkbox"/> Annual <input type="checkbox"/> Academic yr. | | | <input type="checkbox"/> 50% <input type="checkbox"/> 33% <input type="checkbox"/> 25% <input type="checkbox"/> Other % | |
| | <input type="checkbox"/> Annual <input type="checkbox"/> Academic yr. | | | <input type="checkbox"/> 50% <input type="checkbox"/> 33% <input type="checkbox"/> 25% <input type="checkbox"/> Other % | |
| Total \$ | | | | | |

3. Project Assistants.

| Name (if known) | Period MM/YY thru MM/YY | No. of Months | % Time Requested | \$ Salary Requested |
|-----------------|----------------------------|------------------|--|------------------------|
| | | | <input type="checkbox"/> 50% <input type="checkbox"/> 33% <input type="checkbox"/> 25% <input type="checkbox"/> Other % | |
| | | | <input type="checkbox"/> 50% <input type="checkbox"/> 33% <input type="checkbox"/> 25% <input type="checkbox"/> Other % | |
| Total \$ | | | | |

4. Research Associates/Postdocs.

| Name (if known) | 2023-24 \$ Salary | Period MM/YY thru MM/YY | % Time Requested | \$ Salary Requested |
|-----------------|----------------------|----------------------------|--|------------------------|
| | | | <input type="checkbox"/> 50% <input type="checkbox"/> 33% <input type="checkbox"/> 25% <input type="checkbox"/> Other % | |
| Total \$ | | | | |

5. Temporary Employee Hourly Help Total \$ _____

6. Student Hourly Help Total \$ _____

7. Project Travel. Total \$ _____

(Justify research purposes of travel, and travel budget details, in the budget justification)

2024-2025 Vilas Life Cycle Professorship Budget Form

8. Supplies, Expenses, and Computing Time. Total \$ _____
 (Detailed list of items and cost for each item)

9. Capital Equipment. List each item over \$5,000, proposed use, value, and amount requested.

| <u>Item description</u> | <u>Proposed Use/Justification</u> | <u>Value</u> | <u>\$ Amount Requested</u> |
|-------------------------|-----------------------------------|--------------|----------------------------|
|-------------------------|-----------------------------------|--------------|----------------------------|

Total \$ _____

Section B. Budget Summary

| | Vilas Life Cycle Professorship Funding | Other Funding (Note source of funds; e.g., department, Graduate School, startup, etc.) |
|---|--|---|
| 1. Faculty / Academic Staff Salary | | |
| 2. Research Assistant Salary | | |
| 3. Project Assistant Salary | | |
| 4. Research Associate / Postdoc Salary | | |
| 5. Temporary Employee Hourly Help | | |
| 6. Student Hourly Help | | |
| 7. Project Travel | | |
| 8. Supplies, Equipment, Computing Time | | |
| 9. Capital Equipment | | |
| 10. Fringe Benefits (Rates: https://rsp.wisc.edu/rates/index.cfm) | | |
| 11. Tuition Remission (\$6,000/semester) | | |
| 12. Total Amount | | |

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

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

| |
|---|
| Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title: |
| Source of Support: Total Award Amount: \$ _____ Total Award Period Covered: _____ Location of Project: Person-Months Per Year Committed to the Project. Cal: _____ Acad: _____ Sumr: _____ |
| Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title: |
| Source of Support: Total Award Amount: \$ _____ Total Award Period Covered: _____ Location of Project: Person-Months Per Year Committed to the _____ Cal: _____ Acad: _____ Sumr: _____ |
| Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title: |
| Source of Support: Total Award Amount: \$ _____ Total Award Period Covered: _____ Location of Project: Person-Months Per Year Committed to the _____ Cal: _____ Acad: _____ Sumr: _____ |
| Support: <input type="checkbox"/> Current <input type="checkbox"/> Pending <input type="checkbox"/> Submission Planned in Near Future <input type="checkbox"/> *Transfer of Support Project/Proposal Title: |
| Source of Support: Total Award Amount: \$ _____ Total Award Period Covered: _____ Location of Project: Person-Months Per Year Committed to the _____ 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 Life Cycle Professorship funding fits into any other funding you may have, including remaining startup funds, if applicable.*

Statement of Need

In three pages or less, please address (at minimum) the following four main points:

1. Why is this a critical juncture in your career?
2. What is the life event you are experiencing, and how has it affected your research progress?
3. How will the requested funds help you through the crisis and enhance your research program?
4. What are the costs/consequences of not receiving the funding?

Additional Documents

A complete application for the Vilas Life Cycle Professorship program includes a current CV or biographical sketch. A letter of support from your department chair is encouraged, but not required.

If you have questions, please contact jennifer.sheridan@wisc.edu, or review the Frequently Asked Questions on this website: <https://wiseli.wisc.edu/grants/vilas-life-cycle/>.