

# **Faculty Enhancement Opportunity (FEO) Application**

## **For Fall 2012 Application Cycle**

**DUE to [FEO@aa.ufl.edu](mailto:FEO@aa.ufl.edu) (FEO Central Task Force) by October 5, 2012**

NOTE: Given the volume of FEO applications being submitted, we cannot return applications for budget corrections, failure to indicate Unit funding or missing CV. Please proof your final copy before submission. Unfortunately, we cannot review incomplete or inaccurate applications and they will be rejected.

If you have questions, please call Ellen Sattler at 392-6004 for assistance prior to submitting your application. She will be happy to help you complete the application.

Name (last, first): \_\_\_\_\_

UF ID: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Appointment (check):  tenured  tenure-track  
 clinical track  other (\_\_\_\_\_)

Date of Appointment to UF Faculty (month/year): \_\_\_\_\_

Date Tenure Awarded, if applicable, (month/year): \_\_\_\_\_

College: \_\_\_\_\_

Department: \_\_\_\_\_

Campus address: \_\_\_\_\_

Department Fiscal Manager: \_\_\_\_\_

Budget information (must match totals on Budget Worksheet on page 6):

Central FEO Funds Requested: \_\_\_\_\_

\*College/Department Funds to be Provided: \_\_\_\_\_ \*Must be included.

Other Funds to be Applied, if applicable: \_\_\_\_\_

**GRAND TOTAL FOR FEO:** \_\_\_\_\_

**FEO Activity Date: Start (mo/yr) \_\_\_\_\_ End (mo/yr) \_\_\_\_\_**

*(NOTE: In-unit college applicants cannot exceed 15 weeks for their activity period.)*

**Is this a reapplication? If yes, please indicate all cycles when you previously applied: -**

\_\_\_\_\_

**Does this project correspond with a sabbatical? Yes or no? \_\_\_\_\_**

*(Note, this is for reporting purposes only and will not affect the chances of funding.)*

**ABSTRACT:** (Provide **one** paragraph describing your proposed FEO project in a way that can be understood by colleagues outside your discipline, alumni, and educated members of the general public.)

**Please submit a 2-4 page *curriculum vitae* / resume with your application. (Please do not submit a longer CV. Failure to include a CV or inclusion of a CV longer than 4 pages may disqualify you. )**

**GOALS FOR FEO:**

(List 3 to 5 succinct goals)

**FEO PLAN/ACTIVITIES/SCHEDULES:**

(Describe in the space allotted on pp. 3-4 of this form; plan cannot exceed one calendar year for out of unit faculty; or 15 weeks for in-unit faculty.)

**FEO PLAN/ACTIVITIES/SCHEDULES: (Continued: page 2 of 2)**

**OUTCOMES OF FEO:** (Remember that you will be asked to submit a report of your accomplishments at the conclusion of the FEO. Please prepare this section with that report in mind.)

A. List specific outcomes of this FEO related to your own professional growth and development.

B. List specific benefits of this FEO to your department, college and/or the university overall.

**CHECK ONE:** I agree (  ) or I do not agree (  ) that my proposal (WITHOUT budget information), if successful, can be shared with others applying for FEOs.

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## BUDGET WORKSHEET

PLEASE CHECK YOUR ADDITION AND ENSURE THAT THE TOTALS MATCH THOSE ON THE COVER PAGE. ERRORS WILL CAUSE YOUR APPLICATION TO BE REJECTED.

	Central FEO Funds	College / Department FEO Funds	Other Funds, if applicable (Specify source: _____)
<u>Salary and Benefits</u>			
Dollar Amt	_____	_____	_____
% FTE	_____	_____	_____
Start / End Dates	_____	_____	_____
<u>Travel Expenses</u>	_____	_____	_____
<u>Fees / Tuition</u>	_____	_____	_____
<u>Equipment</u>	_____	_____	_____
<u>Supplies</u>	_____	_____	_____
<u>Consultants / Outside Contracts</u>	_____	_____	_____
<u>Other (specify)</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b><u>TOTAL</u></b>	_____	_____	_____

**GRAND TOTAL:**

**(11.5% will be automatically be added to the Central Funds Total above to cover RCM overhead charges.)**

**BUDGET JUSTIFICATION:**

Explain how requested funds will be used, by category (e.g., salary support, travel.) Attach a separate page, if needed.

For travel, list airline, travel locations, travel dates and the source of information you used (travel web site or a travel agency quote, etc.) Air travel must be based on economy class.

For auto rental (if applicable) include rental dates, rental company, and source of estimated price (travel web site, auto rental web site, etc.)

For meals, list state per diem rates and calculate per day (\$xx/days)

For other expenses (fees, equipment, supplies, consultants, etc.) provide details on how you estimated the costs, such as web sites, catalogs, written quotes, etc.

To see examples of well planned and well documented budget justifications, please visit the FEO web page at <http://www.aa.ufl.edu/FEO>

**TO DEPARTMENT CHAIR:**

Please evaluate the applications from your Department based on FEO criteria and forward to your appropriate Sabbatical/Professional Leave Committee (S/PLD Committee) **only those proposals you consider worthy of funding.**

**TO SABBATICAL/PROFESSIONAL LEAVE COMMITTEE:**

Please evaluate the applications from your College based on FEO criteria and forward to the appropriate Dean **only those proposals you consider worthy of funding.**

**TO DEAN:**

Please evaluate the applications from your College based on FEO criteria and forward to the FEO Task Force **only those proposals you consider worthy of funding.**

**No other recommendation letters or letters of support should be included with individual applications.**

Note that the FEO Task Force will do an independent review of the merits of each proposal. Please do not submit any proposals you do not consider worthy of funding.

**Send applications in electronic format to [FEO@aa.ufl.edu](mailto:FEO@aa.ufl.edu) by October 5, 2012**



All signatures must be included here.

**1. CHAIR, DEPARTMENT OR COLLEGE SABBATICAL COMMITTEE OR EQUIVALENT:**

I support this application and rate it meritorious.

**TYPED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**2. DEPARTMENT CHAIR:**

I VERIFY THE INDIVIDUAL HAS BEEN A FULL TIME FACULTY MEMBER AT UF FOR 3 YEARS OR MORE.

I support this application and rate it meritorious.

**TYPED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**2. DEAN:**

I support this application and rate it meritorious. (If you are signing on behalf of the Dean, please indicate your title and email address.)

**TYPED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**FEO APPLICATION CHECKLIST:**

Please check the following items before you submit the application. Failure to complete these items will result in your application being returned without consideration for an award. Due to the volume of applications being received, it is not possible for the FEO Task Force to follow up on errors or omissions. Thank you for understanding.

- 1. Are all items completed on page 1, including the budget and Department Fiscal Manager information?
- 2. Does the Budget specify College or Department funds?
- 3. Does the Budget Information on page 1 match the budget on page 6?
- 4. Do the numbers on Page 6 (Budget Worksheet) add up correctly?
- 5. Did you include a 2-4 page Current Curriculum Vitae?
- 6. Is Page 9 signed by all the necessary people?
- 7. Does Page 9 include titles and email addresses?