

# FY 19-20 Faculty Research Allocation Program (FRAP) Application

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Tenured Professor/<br>Professor of Professional Practice | <input type="checkbox"/> Non-Tenured Professor (Associate & Assistant)/<br>Professor of Professional Practice (Associate & Assistant) | <input type="checkbox"/> Lecturer/<br>1 year appointment/<br>Visitor |
|---|---|--|

**Project Title/ Research Description:**

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Please fill in all expected FRAP expenditures for the current academic year **July 01, 2019 – May 31st, 2020:**

**Section I: Travel Expenses (select all that apply)**

- |  |                                     |                                     |                                   |  |
|--|-------------------------------------|-------------------------------------|-----------------------------------|--|
|  | <input type="checkbox"/> Conference | <input type="checkbox"/> Meeting(s) | <input type="checkbox"/> Research | <input type="checkbox"/> Meals during conference/research trips only |
|--|-------------------------------------|-------------------------------------|-----------------------------------|--|

Please identify conference or organization: \_\_\_\_\_

**Section II: Manuscript Preparation (select all that apply)**

- |  |                                      |   |  |                                    |
|--|--------------------------------------|---|--|------------------------------------|
|  | <input type="checkbox"/> Books       | <input type="checkbox"/> Office Supplies    | <input type="checkbox"/> Membership fees   | <input type="checkbox"/> Shipping  |
|  | <input type="checkbox"/> Publication | <input type="checkbox"/> Research Assistant | <input type="checkbox"/> Printing Services | <input type="checkbox"/> Copyright |
|  | <input type="checkbox"/> Other       | _____                                       |  |                                    |

**Section III: Equipment Purchases (select all that apply)**

(One-year appointments are not eligible for equipment purchases)

- |  |                                   |                                  |   |                                      |
|--|-----------------------------------|----------------------------------|---|--------------------------------------|
|  | <input type="checkbox"/> Computer | <input type="checkbox"/> Printer | <input type="checkbox"/> Computer desk/ chair | <input type="checkbox"/> Peripherals |
|  | <input type="checkbox"/> Other    | _____                            |   |                                      |

**NOTE: IN ORDER TO CONFORM TO IRS POLICY, ALL EQUIPMENT PURCHASED IS CONSIDERED UNIVERSITY PROPERTY.**

**Section IV: Science Research Group Lab Faculty Only**

**NOTE: Pre-Approval Required. Please email Kathy Maqsudi at [km3052@columbia.edu](mailto:km3052@columbia.edu)**

For expenses that support research lab activity, please provide a description below:




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**Departmental Signatures:**

<b>Faculty Signature</b>	<b>Printed Name</b>	<b>Date</b>
<i>By signing this document, I endorse this request and certify that I have read the FRAP PCARD guidelines. These expenses will be strictly related to research and in accordance with the policies of this program.</i>		
Department Chair's Signature (Not required for Tenured Professor/ Professor of Professional Practice Faculty)	<b>Date</b>	<b>Department</b>

**Arts & Sciences Approval:** \_\_\_\_\_