

Instructions on when to use the URG-Professional Outcome Form (POF)

All applicants to the URG program must submit an **Intended Professional Outcome Form** indicating the anticipated results of the proposed research or creative effort. Results may include (but are not limited to) presentations, publications, manuscript submissions, external grant proposal submissions, or creative outcomes recognized by the discipline. In projecting outcomes, URG applicants should include anticipated results likely to occur within one year from the date of the award (July 1).

By October 1 (or the first working day in October) after the funding period, the award recipient must submit this form again, this time listing the **Accomplished Professional Outcomes**. The form will be submitted to the appropriate School Director and sent to the Dean of the college, verifying completion of the project and achieved goals as outlined in the original **Intended POF**. The **Accomplished POF** must be submitted by each award recipient for URG funding to be considered for future funding support.

The Professional Outcome Form begins on page 2. Read the instructions at the top of the form before completing.

**Important- If you are submitting a NEW grant proposal and using the form (page 2) as a Cover Page to list the Intended Professional Outcomes, complete the information below. If you are completing the form as part of final accountability listing Accomplished Professional Outcomes from a previous URG, then the information below is not needed.**

Date/Year of Tenure-Track Appointment at ISU (include all PI's): \_\_\_\_\_

Does this Project of Research involve the use of human subjects?      \_\_\_\_ Yes      \_\_\_\_ No

Have you received two URG Awards (PFRG/SFRG) within a six-year period? \_\_\_\_ Yes      \_\_\_\_ No

If yes, list when your awards were allocated: \_\_\_\_\_

Have you submitted a proposal for external funding in the past year?      \_\_\_\_ Yes      \_\_\_\_ No

If yes, please give name(s) of agency, dollar values, and dates of submission: \_\_\_\_\_

\_\_\_\_\_

## University Research Grant Program Professional Outcome Form (POF)

This form will be used on two separate occasions:

- 1) As part of the URG application process (uploaded directly to InfoReady as the Cover Page). Applicant would list the “Intended Professional Outcomes” associated with their proposal.
- 2) As part of a URG Awardees final accountability (submitted via email) of the funded project. Awardee would list the “Accomplished Professional Outcomes” associated with the completed project (see award letter for due date).

\*Please be certain to check the correct box in each category below.

<p>Use of Form/Type of Outcome:</p> <p><input type="checkbox"/> <b>Intended Professional Outcomes</b>-Submit with URG application online</p> <p><input type="checkbox"/> <b>Accomplished Professional Outcomes</b>-Submit in October of the fiscal year following your award (Example-FY19 funding-POF is due October 2020)</p>	<p>Full-time Faculty Status:</p> <p><input type="checkbox"/> Non-Tenure Track (<b>FDG only</b>)</p> <p><input type="checkbox"/> Pre-Tenured (Tenure-Track)</p> <p><input type="checkbox"/> Tenured</p>
<p>URG Category:</p> <p><input type="checkbox"/> Pre-Tenured Faculty Research Grant (PFRG)</p> <p><input type="checkbox"/> Senior Faculty Research Grant (SFRG)</p> <p><input type="checkbox"/> Faculty Development Grant (FDG)</p>	<p>School:</p> <p><input type="checkbox"/> Art</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Theatre and Dance</p>

Title of Proposal **OR** Completed Project: \_\_\_\_\_

Total amount requested **OR** awarded (from original budget page/award letter): \$ \_\_\_\_\_

Briefly describe the URG project (3-5 lines only):

Briefly and clearly list the *Intended Professional Outcomes* **OR** the *Accomplished Professional Outcomes* of this URG (see *Use of Form* above). Attach an additional sheet as needed.

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**Required Signatures:**

**P.I.** \_\_\_\_\_  
(Print) (Signature) (Date)

**P.I.** \_\_\_\_\_  
(Print) (Signature) (Date)

**School Director** \_\_\_\_\_  
(Signature) (Date)