



## **Interdisciplinary/Inter-College Team Research Grants**

### **APPLICATION FOR CSC INTERDISCIPLINARY/INTER-COLLEGE TEAM RESEARCH GRANTS (ITRGs)**

*This page shall serve as the cover page of the proposal.*

*Please refer to the proposal format for other instructions.*

#### **Instructions for applicants for Interdisciplinary/Inter-College Team Research Grants (ITRGs):**

1. Provide all information required. *If question asked is not applicable, write NA.*
2. Attach one copy of curriculum vitae of each team member:

#### **RESEARCH TITLE:**

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#### **OVERARCHING RESEARCH THEME OF PROPOSED STUDY (mark only one):**

- Biodiversity and Resource Management
- Climate Change
- Governance and Public Policy
- Language and Culture
- Material Culture
- Sustainability Science

**ABOUT THE LEAD PROPONENT and TEAM MEMBERS**

**1. Lead Proponent (LP)<sup>1</sup>**

Is lead proponent a full-time UP faculty member? Yes [  ] No [  ]

Has Lead Proponent fulfilled all obligations relating to previous Professorial Chairs, Faculty Grants, or other research incentives/privileges given by or through the University? Yes [  ] No [  ]

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Birthday: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Highest Educational Attainment:  
\_\_\_\_\_

Faculty Rank:  
\_\_\_\_\_

Nature of Appointment: [  ] Permanent [  ] Temporary

College: \_\_\_\_\_ Department: \_\_\_\_\_  
Discipline: \_\_\_\_\_

Mobile Phone Number/s:  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Anticipated period of Absence from the University during the course of the project (*write NA if not applicable*):

From: \_\_\_\_\_ To: \_\_\_\_\_

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<sup>1</sup> Lead Proponent must be full-time UP faculty member; and must have fulfilled all obligations relating to previous Professorial Chairs, Faculty Grants, or other research incentives/privileges given by or through the University.

## 2. Team Members<sup>2</sup>

### Team Member 1

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthday: (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Classification: [  ] Faculty [  ] REPs

Faculty or REPs Rank: \_\_\_\_\_

Nature of Appointment: [  ] Permanent [  ] Temporary

Highest Educational Attainment:

\_\_\_\_\_

#### **For Faculty Team Members:**

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

Discipline/Area of Specialization: \_\_\_\_\_

#### **For REPs Team Members:**

Office: \_\_\_\_\_

Discipline/Area of Specialization: \_\_\_\_\_

Mobile Phone Number/s:

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Anticipated period of Absence from the University during the course of the project  
(*write NA if not applicable*):

From: \_\_\_\_\_ To: \_\_\_\_\_

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<sup>2</sup> Team Members may be holders of temporary or permanent appointments; may be faculty members or research and extension personnel (REPs). A team must have one identified Lead Proponent and at least two (2) Team Members.

Team Member 2

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthday: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Classification:            [   ] Faculty    [   ] REPs

Faculty or REPs Rank: \_\_\_\_\_

Nature of Appointment: [   ] Permanent    [   ] Temporary

Highest Educational Attainment:  
\_\_\_\_\_

**For Faculty Team Members:**

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

Discipline/Area of Specialization: \_\_\_\_\_

**For REPs Team Members:**

Office: \_\_\_\_\_

Discipline/Area of Specialization: \_\_\_\_\_

Mobile Phone Number/s:  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Anticipated period of Absence from the University during the course of the project  
*(write NA if not applicable)*:

From: \_\_\_\_\_ To: \_\_\_\_\_

Team Member 3

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Birthday: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Classification:         Faculty                                 REPs  
Faculty or REPs Rank: \_\_\_\_\_

Nature of Appointment:  Permanent                                 Temporary

Highest Educational Attainment:  
\_\_\_\_\_

**For Faculty Team Members:**  
College: \_\_\_\_\_ Department: \_\_\_\_\_  
Discipline/Area of Specialization: \_\_\_\_\_

**For REPs Team Members:**  
Office: \_\_\_\_\_  
Discipline/Area of Specialization: \_\_\_\_\_

Mobile Phone Number/s:  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Anticipated period of Absence from the University during the course of the project  
*(write NA if not applicable)*:

From: \_\_\_\_\_ To: \_\_\_\_\_

Team Member \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthday: (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Classification:  Faculty  REPs

Faculty or REPs Rank: \_\_\_\_\_

Nature of Appointment:  Permanent  Temporary

Highest Educational Attainment:

\_\_\_\_\_

**For Faculty Team Members:**

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

Discipline/Area of Specialization: \_\_\_\_\_

**For REPs Team Members:**

Office: \_\_\_\_\_

Discipline/Area of Specialization: \_\_\_\_\_

Mobile Phone Number/s:

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Anticipated period of Absence from the University during the course of the project  
(*write NA if not applicable*):

From: \_\_\_\_\_ To: \_\_\_\_\_

## PROPOSAL FORMAT

### Instructions:

1. Limit your proposal to maximum of 10 pages inclusive of cover page.
2. Submit 5 copies of the proposal, each with a cover page to the Cordillera Studies Center, UP Baguio.

### FORMAT

1. Title of the study
2. Duration of the study
3. Significance of the study
4. Background of the study (include a brief review of literature.)
5. Objectives
6. Methodology (describe the procedure to be followed to accomplish the objectives)
7. Schedule of Activities

| Activities | Timetable (In Months) | Expected Output |
|------------|-----------------------|-----------------|
|            |                       |                 |
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|            |                       |                 |
|            |                       |                 |

8. Team Composition and Designation of Research Roles

| Team Composition | Name | Research Role <sup>3</sup> |
|------------------|------|----------------------------|
| Lead Proponent   |      |                            |
| Team Member 1    |      |                            |
| Team Member 2    |      |                            |
|                  |      |                            |
|                  |      |                            |

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<sup>3</sup> E.g., Project Leader, Study Leader, Documentor, etc.

9. We certify that all information/data in this proposal are true to the best of our knowledge. We understand and we agree that the CSC will keep all the documents we submitted in connection with our application for an Inter-disciplinary/Inter-college Team Research Grant (ITRG) regardless of whether the application was approved for funding or not.

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Signature of Lead Proponent

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Date

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Signature of Team Member 1

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Date

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Signature of Team Member 2

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Date

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Signature of Team Member \_\_

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Date

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Signature of Team Member \_\_

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Date