**Illinois Native Plant Society Research Grant: 2025 Application Form**

1. **Project Title:**

**1A. Project Abstract: (limit 250 words)**

1. **Submitted by (considered the Principal Investigator - PI, primary contact and contract recipient, recipient of stipend):**

**Title: Name:**

**Affiliation:**

**Affiliation Type (educational Institution, non-profit, government, for-profit, independent researcher, other (explain other):**

**Position of Applicant (student [identify your advisor], faculty, citizen scientist, independent researcher): advisor:**

**Applicant Street Address:**

**City: State: Zip:**

**Phone Number:**

**Email address:**

1. **Co-PI, if applicable: Title: Name:**
2. **Co-PI Phone number: Co-PI Email address:**
3. **Total funds requested from the INPS Research Grant Fund: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Willing to accept partial funding? If yes, enter X here\_\_\_\_\_ . Then, note priority expenses on budget form.)**

1. **Project Justification (see Explanation and Guidelines): (limit 500 words)**
2. **Project Objectives (see Explanation and Guidelines): (limit 300 words)**
3. **Project Methodology (see Explanation and Guidelines): (limit 300 words)**

**8A. Describe any volunteer participation in project; include anticipated hours**

1. **Project Location (city, county, site names(s); if applicable, attach map(s) with application.**
2. **2025 INPS Research Grant Budget: Funds Requested**

**(subtotal for this section should not exceed $3000 and should match # 5 above)**

**In the event of only partial funding, please indicate priority items with a “P” after the amount. Lines may be added as needed.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel: Mileage: \_\_\_\_\_\_ miles @ $0.67 $\_\_\_\_\_\_\_\_\_\_\_**

**Travel: Per Diem (see Instructions # 10 for different locations) $\_\_\_\_\_\_\_\_\_\_\_**

**Travel: Hotel (see Instructions # 10 for rates by county $\_\_\_\_\_\_\_\_\_\_\_**

**Stipend (up to $1000 allowed for the PI which can be shared with a**

**Co-PI. Max $1000 for combined Stipend & Contractual costs) $\_\_\_\_\_\_\_\_\_\_\_**

**Will stipend be shared with a Co-PI? Indicate amount: $\_\_\_\_\_\_\_\_\_\_\_**

**Labor (of project assistants such as interns or graduate students,**

**not salary for PI) $\_\_\_\_\_\_\_\_\_\_\_**

**Contractual: individuals/firms/services engaged. Max $1000**

**Contractor name (individual or company):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractual travel/supplies/time billed): combined total: $\_\_\_\_\_\_\_\_\_\_\_**

**Contractual travel $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractual supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractual time billed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your supplies (all items each under $150): combined total: $\_\_\_\_\_\_\_\_\_\_\_**

**Itemized list of supplies and their costs:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Add items as needed.**

**Equipment (any item greater than $150 in value) $\_\_\_\_\_\_\_\_\_\_\_**

**Description of item:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBTOTAL # 10: FUNDS REQUESTED FROM INPS: $\_\_\_\_\_\_\_\_\_\_\_**

1. **Matching Funds (optional; grants or individual/institutional contributions)**

**List sources with amounts from each source (add lines as needed):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_**

**Subtotal # 11 $\_\_\_\_\_\_\_\_\_**

1. **TOTAL COST OF PROJECT: $\_\_\_\_\_\_\_\_\_**
2. **Does your project involve (enter x on line if yes):**

**\_\_\_\_\_ endangered or threatened species**

**\_\_\_\_\_specimen collection from protected sites**

**\_\_\_\_\_an Illinois Nature Preserve, Land and Water Reserve, IDNR property, other public property (Federal, State, County or Local), including in other states if applicable.**

**(if yes to any of above, attach appropriate permit applications or permits already in place.)**

**\_\_\_\_\_private property (if yes provide documentation of permission to access, e.g., an email or letter)**

1. **Attachments you are adding.**

**Required (enter x on line if yes):**

**\_\_\_\_\_ permit application(s) if applicable, or permits already in place for the project**

**\_\_\_\_\_Professional Curriculum Vitae/resume of PI**

**\_\_\_\_\_Professional Curriculum Vitae/resume of Co-PI, if applicable**

**\_\_\_\_\_Professional Curriculum Vitae/resume of contractor or contractual firm, if**

**applicable**

**\_\_\_\_\_Map(s) of project area, if applicable**

**\_\_\_\_\_number of documents related to project referenced in #6, Project Justification**

**Optional:**

**\_\_\_\_\_number of other documents related to project: graphs, illustrations, publications**

1. **Create a single PDF of the Application through # 14 and a second PDF to include all attachments indicated in # 14. File naming requirements in Instructions document. Submit PDFs by January 15, 2025, to the Grant email address:** [**inpsplants@gmail.com**](mailto:inpsplants@gmail.com)