

**Skylight Development Grants**

**General information and instructions**

* The maximum grant from Skylight per proposal is $5,000.
* A matching funds commitment, of equal or greater value, from your home department or program is required. Matching funds may not be in-kind contributions.
* In your project description, please explain **the need and the potential impact and benefit** to teaching and learning in the Faculty of Science and **the number of students (and/or faculty) impacted**. Please also indicate how you plan to **evaluate** the project, the **timelines** of the proposed work and how it will be **sustained** beyond the lifetime of the grant.
* Skylight encourages student-initiated grant proposals. However, all proposals must be developed in consultation with a faculty or staff member from the Faculty of Science, who must be listed as the principal applicant or co-applicant.
* Approval of the head or director of your home department or program is required.
* Applications are evaluated by a small committee with members drawn from Skylight, the Dean’s Office, and SUS.
* Successful applicants are asked to provide a one-page report on their project 12 months following receipt of the grant.
* **APPLICATION SUBMISSION**: After obtaining all signatures, your application can be scanned and submitted to [skylight@science.ubc.ca](mailto:skylight@science.ubc.ca) by 12:00pm (noon) on Tuesday, March 24, 2020.

**New this year**

In addition to broad teaching and learning improvement proposals, we particularly welcome proposals focusing on:

* Building capacity for inclusion in science and math teaching and learning contexts. For example, this may involve the development of resources or activities that actively engage with diversity.
* Building capacity for instructors in working toward decolonization and Indigenization in courses and curricula. For example, this may involve strengthening and expanding Indigenous‐focused curricula in existing courses or programs, the development of additional initiatives to open new curricular areas, or professional development activities.

Applicants interested in either of these areas are encouraged to talk with Skylight prior to submission.

**Budget information and instructions**

* The [TLEF website](http://tlef.ubc.ca/application-process/) has a useful list of current pay rates for common positions (see the Cost Estimates section at the bottom of the page).
* Please provide as much detail as possible in your budget items
  + e.g.: UTA: $14.90/h × 6 h/week × 13 weeks = $1162.20.
* Equipment requests may be funded if there is a pedagogical need clearly identified in the proposal and no other source of funding exists. A maximum Skylight contribution of $3,500 per competition can be used to fund equipment.
  + Equipment that can be funded: computer peripherals such as audio/video equipment, some lab equipment.
  + Equipment that cannot be funded: computers, printers, monitors, lab consumables (glassware, reagents, etc.), supplies.

**Further information**

For questions about the budget, or any other aspect of your Skylight Development Grant application, please don’t hesitate to contact Gülnur Birol at [birol@science.ubc.ca](mailto:birol@science.ubc.ca). For general inquiries, contact us at [skylight@science.ubc.ca](mailto:skylight@science.ubc.ca).

Some additional information can be found on our website: <https://skylight.science.ubc.ca/grants/skylight>.

**Skylight Development Grants Application Form**

Please submit the completed and signed form to [skylight@science.ubc.ca](mailto:skylight@science.ubc.ca) by 12:00pm (noon) on Tuesday, March 24, 2020.

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| **Contact Information** | | | | | | | | |
| Principal applicant’s name | |  | | Email | |  | | |
| Department/unit | |  | | | | | | |
| Names of other applicants | |  | | | | | | |
| **Request Summary** | | | | | | | | |
| Project title | |  | | | | | | |
| Amount requested from Skylight (CAD) |  | | Amount of matching (CAD) |  | | Source of matching | |  |
| **Project Description (*see Page 1 for requirements*)** | | | | | | | | |
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| **Budget Breakdown (*see Page 1 for an example*)** | | | | | | | | |
|  | | | | | | | | |
| **Departmental Approval** | | | | | | | | |
| Signature of principal applicant | |  | | | Signature of Head/Director | |  | |
| Name | |  | | | Name | |  | |
| Date | |  | | | Date | |  | |

Please limit your application to one page.