

Cover Page

**2026-27 Vilas Life Cycle Professorship Application
University of Wisconsin-Madison/Office of the Provost**

Project Title			
Proposed Start Date		Proposed End Date	
Principal Investigator			
Name	Rank	College/School	Department
Email	Phone	Worktag Cost Center	

PI's Department Grants Administrator		
Name	Email & Phone	If awarded, may we contact this person via email regarding your award budget?

Statements Regarding use of Human Subjects, Stem Cells, Biological Safety, Drone Usage, and Animal Welfare
Note: Projects require appropriate committee review before funds will be allocated.

Approval Type (IRB, IACUC, Biosafety, Stem Cell, Drone)	Protocol Number	Protocol Status	Approval Date	Expiration Date

By signing below, I agree that the information provided in this application for a Vilas Life Cycle Professorship is accurate. A typed name will indicate a signature.

Principal Investigator's Signature	Date
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Section A. Worksheet/Justification

When filling out Sections A and B of the budget application, please split your request into the amount requested for the current (2026-27) fiscal year, as well as any smaller estimated amount that might be needed for next fiscal year (2027-28). The maximum amount you may request from this Vilas Life Cycle Professorship is \$40,000 total.

1. Academic Staff or Faculty*

Title & Name (if known)	Annual or Academic Year Basis	2026-27 \$ Salary	Period requested MM/YY thru MM/YY	2026-27 \$ Salary Requested	2027-28 \$ Salary Requested
			Total \$	\$	\$

2. Research Associates or Grad Interns

Name (if known)	Annual or Academic Year Basis	2026-27 \$ Salary	Period requested MM/YY thru MM/YY	2026-27 \$ Salary Requested	2027-28 \$ Salary Requested
			Total \$	\$	\$

3. Research Assistants, Pre-Doc Fellows or Trainees Project Assistants, Pre-Doc Fellows or Trainees

Name (if known)	Annual or Academic Year Basis	2026-27 \$ Salary	Period requested MM/YY thru MM/YY	2026-27 \$ Salary Requested	2027-28 \$ Salary Requested
			Total \$	\$	\$

4. Postdoc Fellows or Trainees

Name (if known)	Annual or Academic Year Basis	2026-27 \$ Salary	Period requested MM/YY thru MM/YY	2026-27 \$ Salary Requested	2027-28 \$ Salary Requested
			Total \$	\$	\$

5. Limited Term Employee Hourly Help

Name (if known)	Period requested MM/YY thru MM/YY	2026-27 \$ Salary Requested	2027-28 \$ Salary Requested
		Total \$	\$

6. Student Hourly Help

Name (if known)	Period requested MM/YY thru MM/YY	2026-27 \$ Salary Requested	2027-28 \$ Salary Requested
		Total \$	\$

7. Project Travel.

(Justify research purposes of travel, and travel budget details, in the budget justification)

	2026-27 \$ Requested	2027-28 \$ Requested
Travel Total \$		

8. Supplies, Expenses, and Computing Time.

Total \$ _____

(Detailed list of items and cost for each item)

Item	2026-27 \$ Requested	2027-28 \$ Requested
Total \$		

9. Capital Equipment. List each item over \$5,000, proposed use, value, and amount requested.

Item description	Proposed Use/Justification	Estimated \$ Cost	2026-27 \$ Requested	2027-28 \$ Requested
		Total \$		

Section B. Budget Summary (summarized from section A above)

	FY26-FY27 Requested Vilas Life Cycle Professorship Funding	FY27-FY28 Requested Vilas Life Cycle Professorship Funding
1. Faculty / Academic Staff Salary		
2. Research Associate or Grad Intern Salary		
3. Research Assistant, Pre-Doc Fellow or Trainee Salary		
4. Postdoc Salary		
5. LTE Hourly Help		
6. Student Hourly Help		
7. Project Travel		
8. Supplies, Equipment, Computing Time		
9. Capital Equipment		
10. Fringe Benefits Total (Rates: https://rsp.wisc.edu/rates/index.cfm)		
11. Tuition Remission (if applicable during period, \$6,000/semester)		
TOTAL	\$	\$

Current and Pending Support (please include startup, if applicable)

Online tool available here: <https://www.rsp.wisc.edu/currentPending/>

Support: ☐ Current ☐ Pending ☐ Submission Planned in Near Future ☐ *Transfer of Support			
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$		Total Award Period Covered:	
Location of Project:			
Person-Months Per Year Committed to the Project.		Cal:	Acad: Sumr:
Support: ☐ Current ☐ Pending ☐ Submission Planned in Near Future ☐ *Transfer of Support			
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$		Total Award Period Covered:	
Location of Project:			
Person-Months Per Year Committed to the		Cal:	Acad: Sumr:
Support: ☐ Current ☐ Pending ☐ Submission Planned in Near Future ☐ *Transfer of Support			
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$		Total Award Period Covered:	
Location of Project:			
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Support: ☐ Current ☐ Pending ☐ Submission Planned in Near Future ☐ *Transfer of Support			
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Support: ☐ Current ☐ Pending ☐ Submission Planned in Near Future ☐ *Transfer of Support			
Project/Proposal Title:			
Source of Support:			
Total Award Amount: \$		Total Award Period Covered:	
Location of Project:			
Person-Months Per Year Committed to the Project.		Cal:	Acad: Sumr:

USE ADDITIONAL SHEETS AS NECESSARY

Budget Justification

In one page or less, please describe how the requested funds fit into your research plans. *Please include an explanation for how the requested Vilas Life Cycle Professorship funding fits into any other funding you may have, including remaining startup funds, if applicable.*

Additional Documents

- A complete application for the Vilas Life Cycle Professorship program includes a current CV or biographical sketch.
- A letter of support from your department chair is encouraged but not required, and may be uploaded separately, see the instructions on the [VLCP webpage](#).
- Please do not forget to upload your confidential statement of need to the [appropriate box folder](#), **separate from this application file**.

If you have questions, please contact professorships@provost.wisc.edu, or review the Frequently Asked Questions on this website: <https://provost.wisc.edu/vilas-life-cycle-professorships/> .