Center for Health and Nutrition Research
Pilot Grant Application

TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

PRINCIPAL INVESTIGATOR

NAME (Last, first, middle)

DEGREE(S)

POSITION TITLE

MAILING ADDRESS *(Street, city, state, zip code)*

DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

TEL: FAX:

E-MAIL ADDRESS

HUMAN SUBJECTS RESEARCH

☐ No ☐ Yes

VERTEBRATE ANIMALS RESEARCH

☐ No ☐ Yes

RESEARCH EXEMPT

☐ No ☐ Yes

Human Subjects Assurance No. & Date

If "Yes," IACUC approval & Date

Animal welfare assurance no.

If "Yes," Exemption Number & Date

DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*

From

Through

COSTS REQUESTED 1st Year

Costs ($)

COSTS REQUESTED 2nd Year

Costs ($)

TOTAL COST No Indirect Costs

Costs ($)

APPLICANT ORGANIZATION

Name

Address

TYPE OF ORGANIZATION

Public: → ☐ Federal ☐ State ☐ Local

Private: → ☐ ☐ Private Nonprofit

For-profit: → ☐ ☐ Small Business

ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name

Title

Address

Tel: FAX:

E-Mail:

OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

Name

Title

Address

Tel: FAX:

E-Mail:

APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with CHNR terms and conditions if a grant is awarded as a result of this application.

SIGNATURE OF OFFICIAL NAMED ABOVE

DATE

Principal Investigator: _____

LAY ABSTRACT

Principal Investigator: _____

SCIENTIFIC ABSTRACT

Principal Investigator: _____

KEY PERSONNEL

Name, Degree(s)	Position Title, Department, & Institution	Project Role

Principal Investigator: _____

OTHER SUPPORT

Information on other support <u>for the PI only</u> should be provided using the NIH format (see Application Instructions). Use additional pages as necessary. Specific Aims must be provided for any sources of funding that have scientific overlap or are in any way relevant to this application.

Principal Investigator_____

YEAR 1 BUDGET

	FROM	THROUGH
	July 1, 2007	**June 30, 2008**

PERSONNEL *(Applicant organization only)*		Months Devoted to Project				DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator							
					SUBTOTALS:			

CONSULTANTS AND CONTRACTUAL COST *(Itemize)*		
SUPPLIES AND EXPENSES *(Itemize by category)*		
EQUIPMENT *(Itemize)*		
	PROJECT-RELATED TRAVEL	
	SCIENTIFIC MEETING(S)	
TOTAL DIRECT COST FOR YEAR 1		**$**
TOTAL INDIRECT COST FOR YEAR 1 (5% of TOTAL DIRECT COSTS)		**$**

Principal Investigator_____

YEAR 2 BUDGET

						FROM July 1, 2008		THROUGH June 30, 2009
PERSONNEL *(Applicant organization only)*		Months Devoted to Project				DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator							
					SUBTOTALS:			

CONSULTANTS AND CONTRACTUAL COST *(Itemize)*

SUPPLIES AND EXPENSES *(Itemize by category)*

EQUIPMENT *(Itemize)*

	PROJECT-RELATED TRAVEL	
	SCIENTIFIC MEETING(S)	
TOTAL DIRECT COST FOR YEAR 2		**$**
TOTAL INDIRECT COST FOR YEAR 2 (5% of TOTAL DIRECT COST)		**$**

BUDGET JUSTIFICATION

Principal Investigator: _____

FACILITIES AND RESOURCES

FACILITIES: List the facilities to be used and briefly indicate their pertinent capabilities and extent of availability for the project. Use "Other" to describe the facilities at any other performance sites. Use only this page!
Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

ADDITIONAL INFORMATION: Provide any other information describing the environment for the project. Identify support services such as consultants, secretaries, machine shop, electronics shop, and the extent to which they will be available to the project.

Principal Investigator: _____

Principal Investigator: _____

HUMAN AND VERTEBRATE ANIMAL SUBJECTS

☐ Does not apply - the proposed research will **NOT** make use of **HUMAN SUBJECTS OR HUMAN TISSUE/FLUID**.

☐ Does not apply - the proposed research will **NOT** make use of **VERTEBRATE ANIMALS**.

If any of the above boxes is unchecked, in the space below the applicant must supply the required information/address the points discussed in Instructions for Human and Vertebrate Animal Subjects. Attach additional pages if necessary.

Principal Investigator: _____

APPENDIX COVERSHEET

ITEMIZED LIST OF ITEMS INCLUDED