**GRANT APPLICATION 2024**

## TITLE OF PROPOSAL:

**PROPOSAL CATEGORY: \_\_\_\_ CONVENTIONAL \_\_\_\_ INTEGRATIVE**

**PRINCIPAL INVESTIGATOR (PI):**

Name (i.e. First Last, Degree):

Academic Appointment:

Department & Institute:

Address:

Phone Number:

E-Mail:

Institution’s Federal Tax ID #:

**CO-INVESTIGATOR(S):**

Name (i.e. First Last, Degree):

Academic Appointment:

Department & Institute:

**REQUESTED BUDGET:**

$\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cannot exceed $225,000.00)

First Year Second Year Third Year Total Requested

($\_\_\_\_\_\_\_\_\_\_\_\_ %) $\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cannot exceed $22,500.00)

Indirect Costs Total Requested

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Principal Investigator Signature******Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Institutional Authorization: Name and Position Signature Date*

**DETAILED DESCRIPTION OF PROPOSED PROJECT** – *Please include the following, with a limit of 5 pages for sections B-E:*

1. Application Title Page – *Please include* *the contact information for Institution’s Financial Officer*
2. Specific aims
3. Background & significance
4. Methodology to be used
5. Future Directions
6. Resources available (indicate whether they are yours or shared with other investigators)
7. Scientific abstract (100 words or less)
8. Lay abstract (50 words or less)
9. Budget: Requested sums (\*if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| **PERSONNEL** |  |  |  |
| **SUPPLIES** |  |  |  |
| **EQUIPMENT** |  |  |  |
| **OTHER** |  |  |  |
| **OVERHEAD** |  |  |  |
| **TOTAL** |  |  |  |

1. Budget Justification – Discuss personnel, supplies, equipment and other costs; be brief, but clear
2. NIH Biosketch
3. Other sources of support (both active and pending)
   1. Include specific aims of any other grant support along with abstract & funding amounts
   2. Specifically comment as to any possible overlap with other support & this proposal