

2024 Dissertation Grant Application Form

FACE PAGE

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| Project Title: |       |
| Name, Degrees and Title of Principal Investigator (PI):  |       |
| PI’s Institution/School/Department: |       |
| PI’s Mailing Address: |       |
| PI’s E-mail Address: |       | Tel:       |
| Dates of Proposed Period of Support: |  From:       | Through:       |
| Funds Requested: | Direct costs:       |   |
| Applicant Organization: |       |
| Administrative Contact Name and Title: |       | E-mail:       |
| Mailing Address: |       |
| Mailing Address continued: |       |
| Tel: |       | Fax:       |
| **REGULATORY APPROVALS** |
| HUMAN SUBJECTS: [ ]  Yes [ ]  No | VERTEBRATE ANIMALS: [ ]  Yes [ ]  No |
| Approval Date:       [ ]  Pending  | Approval Date:       [ ] Pending  |
| Exempt: [ ]  Yes [ ]  No | IACUC Approval No.       |
| Federal Wide Assurance No.       | Animal Assurance No.       |
| **CERTIFICATIONS**  |
| **Principal Investigator (PI)** | **Official Signing for Applicant Organization** |
| As PI for this project, I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with the policies of the sponsoring organization and to provide progress reports in a timely manner. | Name:       |
| Title:       |
| Mailing Address:       |
|       |
| Tel:       | Fax:       |
| Provide the electronic signature of the PI by typing name in the shaded box and checking the “Confirm Signature” box.     Confirm Signature: [ ] Date:       | Provide the electronic signature of the Official Signing for the Applicant Organization by typing name in the shaded box and checking the “Confirm Signature” box.     Confirm Signature: [ ] Date:       |

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| AIMS:State concisely the hypothesis to be tested and the specific aim(s) to be achieved during the grant period.       |

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| BUDGET SUMMARY*Please see the application guidelines for a list of allowable budget items.* |
| Equipment:       |       |
| Supplies:       |       |
| Human Subjects:       |       |
| Travel Expenses:       |       |
| Animal Expenses:      |       |
| SUBTOTAL |       |
| **TOTAL COSTS REQUESTED** |       |

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| BUDGET JUSTIFICATIONIn the space below, briefly explain and justify the above costs, providing calculations to show how amounts were determined.      |