

2024 Dissertation Grant Application Form

FACE PAGE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | | | |

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

|  |  |
| --- | --- |
| 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** |  |

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