

Large 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: | Year 1:  | Direct costs:       | Facilities & Administrative:       |
|  | Year 2: | Direct costs:       | Facilities & Administrative:       |
| 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 an electronic signature by typing name in the shaded box and checking the Confirm Signature box:     Confirm Signature [ ]  | Provide an electronic signature by typing name in the shaded box and checking the Confirm Signature box:     Confirm Signature [ ]  |

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| PROJECT SUMMARY/ABSTRACT: Provide a succinct and accurate description of the proposed work suitable for dissemination to the public.      |
| SENIOR/KEY PERSONNEL |
| Name | Institutional Affiliation | Role on Project |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| PREVIOUS FUNDING FROM THE NCRG/ICRGGrant Title(s):       Product(s):      Grant Title(s):       Product(s):      Grant Title(s):       Product(s):       |

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| **BUDGET SUMMARY – YEAR 1***Please see the application guidelines for a list of allowable budget items.* |
| Personnel | % |  | Dollar Amount Requested |
| Name | Role on Project | Effort on Project | Inst. Base Salary | Salary Requested | Fringe Benefits | TOTAL |
|       | Principal Investigator |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
| Subtotals  |       |       |       |
| Consultant Costs – Name(s):       |       |
|       |       |
| Equipment:       |       |
| Supplies:       |       |
| Human Subjects:       |       |
| Travel:       |       |
| Other Expenses:       |       |
| Other Expenses:       |       |
|       |       |
|       |       |
|       |       |
| SUBTOTAL |       |
| Facilities & Administration Costs (up to 25% of direct costs) |       |
| **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.      |

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| BUDGET SUMMARY – YEAR 2*Please see the application guidelines for a list of allowable budget items.* |
| Personnel | % |  | Dollar Amount Requested |
| Name | Role on Project | Effort on Project | Inst. Base Salary | Salary Requested | Fringe Benefits | TOTAL |
|       | Principal Investigator |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
|       |       |      % |       |       |       |       |
| Subtotals  |       |       |       |
| Consultant Costs – Name(s):       |       |
|       |       |
| Equipment:       |       |
| Supplies:       |       |
| Human Subjects:       |       |
| Travel:       |       |
| Other Expenses:       |       |
| Other Expenses:       |       |
|       |       |
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|       |       |
| SUBTOTAL |       |
| Facilities & Administration Costs (up to 25% of direct costs) |       |
| **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.      |