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| **PART I: PRINCIPAL INVESTIGATOR INFORMATION** | | | | | | | | | | | | | |
| **IS THIS AN APPLICATION RENEWAL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FY 20\_\_\_\_TO 20\_\_\_\_\_** | | | | | | | | | | | | | |
| **Project Title** |  | | | | | | | | | | | | |
| **Coordinating PI Name** |  | | | | | | | | | **Office Telephone** | | |  |
| **Academic Title** |  | | | | | | | | | | | | |
| **Degree(s)** |  | | | | | | | **E-Mail** | |  | | | |
| **Department** |  | | | | | | | **Subdivision** | |  | | | |
| **Institution** |  | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | |
| **Co-PI Name** |  | | | | | | | | | **Office Telephone** | | |  |
| **Academic Title** |  | | | | | | | | | | | | |
| **Degree(s)** |  | | | | | | | **E-Mail** | |  | | | |
| **Department** |  | | | | | | | **Subdivision** | |  | | | |
| **Institution** |  | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | |
| **Additional Personnel (add lines as needed)** | | | | | | | | | | | | | |
| **Name, Degree(s)** | **Academic Title** | | **Role (Co-PI, Co-Investigator)** | | | **Department, Division** | | | **Institution** | | | **Expertise related to proposal** | |
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| **Have any of the Co-PIs collaborated before (publications, grants, or existing ongoing study)?**  **NO**  **YES** | | | | | **If yes, please explain how this project is new and distinct from previous collaborative work (limit 200 words):** | | | | | | | | |
| **PART II: RESEARCH APPROVALS** | | | | | | | | | | | | | |
| **Human Subjects *(IRB)*** | | **NO YES** | | | | | **Approval Date** | | | | **ID Number** | | |
| **Vertebrate Animals *(IACUC)*** | | **NO YES** | | | | | **Approval Date** | | | | **ID Number** | | |
| **Recombinant DNA (IBC)** | | **NO YES** | | | | | **Approval Date** | | | | **ID Number** | | |
| **Use of PCTRC** | | **NO YES** | | | | | **Approval Date** | | | | | | |
| **PART III: NEW PROJECT DATE AND COSTS** | | | | | | | | | | | | | |
| **Project Start Date** | |  | | | | | | **Total amount requested** | | |  | | |
| **Project End Date** | |  | | | | | |
| **Please Do Not Write Below This Line – For Award Purposes Only** | | | | | | | | | | | | | |
| **Account Number Assigned to Award:** | | | |  | | | | | | | | | |