

PI Name: \_\_\_\_\_

<b>SEED GRANT APPLICATION</b> <b>COUSINS CENTER FOR PSYCHONEUROIMMUNOLOGY</b>
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**Principal Investigator\***

Name/Degree

Title

Department/Division

Campus Mailing Address

Campus Mailcode

Office Telephone

E-Mail

\*Must have a faculty appointment.

**Title of Research Project**

**Total Funds Requested**

Salaries/Benefits	\$
Consumables	\$
Research Patient Costs	\$
Other Expenses	\$
TOTAL	\$ _____

**Total funds requested must not exceed  
\$20,000 for 1 year  
or \$40,000 for 2 years**

NB: 2nd Year funding will be dependent on  
1st Year's progress and review by the PNI Task Force.

PI Name: \_\_\_\_\_

## **Co-Investigator**

Name

Title

Department/Division

Campus Address

Campus Mailcode

Office Telephone

E-Mail

## **Co-Investigator**

Name

Title

Department/Division

Campus Address

Campus Mailcode

Office Telephone

E-Mail

## **Co-Investigator**

Name

Title

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E-Mail

PI Name: \_\_\_\_\_

## **SCIENTIFIC ABSTRACT**

Abstract of proposed research project must be 400 words or fewer.

## **RESEARCH PLAN**

- > **Specific Aims**
- > **Background & Significance**
- > **Describe Relevant Links of this research to a) PNI and programmatic interests of the Cousins Center, b) investigator's(s) ongoing research, and c) interdisciplinary interactions**
- > **Preliminary Studies (if any)**
- > **Research Design & Methods**

Enough information should be presented to allow a complete scientific review. However, the research described should be limited to that which can reasonably be accomplished within the time period of the project (1 or 2 years). Please confine this section to 3-5 pages (exclusive of reference list). Please attach as a separate file or additional pages to this document and label as pages 3a, 3b, etc.

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## **TIMETABLE**

Describe anticipated timetable for execution and completion of proposed project and its development to independent extramural support (one page).

PI Name: \_\_\_\_\_

DETAILED BUDGET FOR YEAR 1 OF PNI SEED GRANT					FROM	THROUGH	
PERSONNEL		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
<b>Subtotals</b> →							

<i>SUPPLIES (Itemize by category)</i>	
<b>Subtotal Supplies</b>	

<i>RESEARCH SUBJECT COSTS</i>	
<b>Subtotal Research Subject Costs</b>	

<i>OTHER EXPENSES (Travel and overhead not permitted)</i>	
<b>Subtotal Other Expenses</b>	

<b>TOTAL COSTS FOR YEAR 1</b> →	\$	
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PI Name: \_\_\_\_\_

## **BUDGET JUSTIFICATION**

Please provide complete budget justifications, including brief job descriptions for any personnel to be funded. Please attach as a separate file or additional pages to this document and label pages 7a, 7b, etc.

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## **BIOSKETCHES**

Please include NIH Biosketches and Just-in-Time Other Support pages for all faculty members and postdoctoral fellows who will be engaged in this project. Please attach as a separate file or additional pages to this document and label pages 8a, 8b, etc.



## Clearances

For consideration of this grant, applications must also be submitted to the appropriate University Committee(s) by the grant deadline.

**NOTE:** If this application is approved, funds will not be allocated until the appropriate approval forms have been received by the Cousins Center for PNI.

(1) With respect to the Human Subjects Protection Committee,\* check one:

HSPC Approval attached.

Submitted to the Human Subjects Protection Committee on: (date)

No human subjects or human materials will be used in this study.

Human Subjects Protection Committee approval was specifically waived (Exempt, HS-7 form enclosed).

(2) With respect to the Animal Research Committee,\* check one:

ARC Approval attached.

Submitted to the Animal Research Committee on: (date) \_\_\_\_\_

No animal subjects or animal materials will be used in this study.

\* **Note:** Committee approval must be obtained specifically for the study proposed in this application, i.e., this PI and Project Title and the Cousins Center for PNI Seed Grant Program must be cited as a funding source in the IRB approval document.

(3) Recombinant DNA/Infectious Agents approval (if appropriate), check one:

Biosafety Committee approval enclosed

Submitted for DNA approval on: (date) \_\_\_\_\_, but not yet received.

No recombinant DNA/infectious agent research is involved.

PI Name: \_\_\_\_\_

## Signatures:

\_\_\_\_\_  
Principal Investigator (*signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator (*typed*)

\_\_\_\_\_  
Co-Investigator (*signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator (*typed*)

\_\_\_\_\_  
Co-Investigator (*signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator (*typed*)

\_\_\_\_\_  
Co-Investigator (*signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Investigator (*typed*)