COLLEGE OF VETERINARY MEDICINE INTRAMURAL GRANT APPLICATION

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| 1. TITLE OF PROJECT | | | | | |
| 2. PI’s NAME (Last, first, middle) | | | 3. DEGREE(S) | | |
| 4. POSITION TITLE | | | 5. DEPARTMENT | | |
| 6. PERCENT RESEARCH EFFORT (out of 100% FTE )  a. Research effort in PI’s position description: \_\_% b. Effort dedicated to this project: \_\_% | | | | | |
| 7. TELEPHONE | 8. FAX | | | 9. E-MAIL ADDRESS | |
| 10. REGULATORY COMPLIANCE | | NO | | YES | If YES, Date and Number |
| Recombinant DNA | |  | |  |  |
| Vertebrate Animals | |  | |  |  |
| Biohazards | |  | |  |  |
| 11. AMOUNT REQUESTED FOR THE FUNDING PERIOD (MAXIMUM $20,000) | | | | | |
| 12. NAME(S) OF FUND(S) SOUGHT - SEE LIST OF AVAILABLE FUNDS | | | | | |
| 13. INVESTIGATOR PRIORITY RATING (1-2) | | | | | |
| 14. APPLICANT SIGNATURE  *The applicant is familiar with the conditions, policies, and objectives of the CVM intramural research program, accepts the obligation to comply with all such conditions, policies, and objectives, and assures that the necessary faculty effort, technical support, equipment, etc., are available to complete the proposed project if awarded at the proposed budget level.*  *.*  APPLICANT (Please type) SIGNATURE DATE | | | | | |
| 15. DEPARTMENT CHAIR SIGNATURE    CHAIR (Please type) SIGNATURE DATE | | | | | |
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| **ABSTRACT:** State the application's broad long-term objectives and specific aims, (relate current specifications to your long-term research goals). Describe concisely the research design and methods for achieving these goals. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. **DO NOT EXCEED THE SPACE PROVIDED** | |
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**PERFORMANCE SITE(S)** (*if other than WSU campus*)

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| **KEY PERSONNEL** | | |
| Name | Organization (if not WSU campus) | Role on Project |
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| **DETAILED BUDGET** | | | | | | | | |
| PERSONNEL *(Applicant organization only)* | | | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | |
|  | |  | EFFORT | INST. |  |  | |  |
|  | | ROLE ON | ON | BASE | SALARY | FRINGE | |  |
| NAME | | PROJECT | PROJ. | SALARY | REQUESTED | BENEFITS | | TOTALS |
|  | | Principal Investigator |  |  |  |  | |  |
|  | |  |  |  | 0 |  | | 0 |
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| **SUBTOTALS** | | | | |  |  | | 0 |
| CONSULTANT COSTS | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | |  |
|  | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | |  |
|  | | | | | | | |  |
|  | | | | | | | |  |
| TRAVEL | | | | | | | |  |
|  | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | | | | | | |  |
|  | OUTPATIENT | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | |  |
|  | | | | | | | |  |
| **TOTAL COSTS ⎯⎯⎯⎯⎯→** | | | | | | | $ | |

# BUDGET JUSTIFICATION

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