

Grant Application Face Page

Proposed/Funded Project Period -

1. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Resubmission <input type="checkbox"/> Continuation	2. VERIFICATION OF AGENCY a. Is this application being submitted to another agency? <input type="checkbox"/> No <input type="checkbox"/> Yes b. If yes, please list all applicable agencies.	3. CENTER (May select more than one if applicable.) <input type="checkbox"/> All Centers <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> McDonnell Cancer Center <input type="checkbox"/> Center for Metabolism and Immunity <input type="checkbox"/> Pediatric Pulmonary Disease
4. FUNDING MECHANISM <input type="checkbox"/> Core Large Initiative <input type="checkbox"/> Educational Initiative <input type="checkbox"/> Faculty Recruitment/Scholar Award <input type="checkbox"/> Interdisciplinary Research Initiative <input type="checkbox"/> Large-Scale Interdisciplinary Research Initiative <input type="checkbox"/> Postdoctoral Fellowship	5. KEYWORDS (3-5) 1. 2. 3. 4. 5.	
6. DESCRIPTIVE TITLE OF PROJECT (100 character maximum) 		
7. PRINCIPAL INVESTIGATOR		
7a. NAME (Last, first, middle)		7b. DEGREE(S)
7c. POSITION TITLE		7d. DEPARTMENT AND DIVISION
7e. EMAIL ADDRESS		7f. CAMPUS BOX NUMBER
8. HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Change		8a. IRB APPROVAL Approval #: _____ Date: _____
9. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Change		9a. IACUC APPROVAL Approval #: _____ Date: _____
10. PROPOSED PROJECT or NEXT BUDGET PERIOD DATES From _____ Through _____		11. IDC Rate 10% or 20%
12. COSTS REQUESTED FOR INITIAL or NEXT BUDGET PERIOD 12a. Direct Costs (\$) _____		12b. Total Costs (\$) _____
13. COSTS REQUESTED FOR PROPOSED PROJECT PERIOD 13a. Direct Costs (\$) _____		13b. Total Costs (\$) _____
14. KEY PERSONNEL		
14a. Multiple PIs		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Change
Name		Role
Name		Role
Name		Role
Name		Role
Name		Role
15. PERFORMANCE SITES		
Institution / PI		Address
Institution / PI		Address
16. SIGNATURES		
Principal Investigator	PRINTED NAME AND TITLE	SIGN AND DATE
Department Chair	PRINTED NAME AND TITLE	SIGN AND DATE
WU Institutional Official	PRINTED NAME AND TITLE	SIGN AND DATE