

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"/> Supplement <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	Principal Investigator
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	