

PILOT PROJECT RESEARCH TRAINING PROGRAM FUNDING

REQUEST APPLICATION

Fiscal year 2005-2006

() Application instructions have been read and followed. () Electronic copy of application and full proposal attached.

NORA Priority Area(s): _____

Key words describing proposal: _____

PROJECT TITLE (Limit to 60 characters)

PRINCIPAL INVESTIGATOR

_____ Name (print) _____ Investigator's Signature

_____ UIN or Organization ID # _____ Organization name _____ Department name

_____ Address _____

_____ E-mail Address _____ Mail Code _____ Phone

_____ Title/Rank _____ Appointed to this Rank (Mo./Yr.) _____

_____ Location of Research _____

COLLABORATORS (Names and Departments) _____

CHECK LIST SPECIAL CLEARANCES

HUMAN SUBJECTS ?	If "Yes", indicate IRB application type expected or if pending:	Assurance of compliance/ protocol #:	Vertebrate animals ?	If "Yes" IACUC approval date or if pending:	Animal welfare assurance #:
<input type="checkbox"/> No	<input type="checkbox"/> Exemption		<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> Full IRB		<input type="checkbox"/> Yes		
	<input type="checkbox"/> Expedited Review				
	<input type="checkbox"/> Pending				

RESEARCH TO BE CONDUCTED AT UIC:

- () Hospitals or clinics will be used..... Hospital/Clinic Approval _____
- () Radiation or radioisotopes will be used..... Permit Number _____
- () Recombination DNA is involved..... Protocol No. _____
- () UIC hospitals or clinics will be used..... Hospital/Clinic Approval _____
- () FDA/IND involved..... Number _____
- () Radiation or radioisotopes will be used..... Permit Number _____
- () Research Resources Center equipment to be used..... RRC approval _____
- () Clinical Research Center to be used..... CRC approval _____

EQUIPMENT REQUESTS:

Matching funds for requests over \$500 are required; maximum equipment costs funded are \$2,000; see equipment budget guidelines.

SOURCE	AMOUNT	SIGNATURE
_____	_____	_____
_____	_____	_____

STATEMENT FROM DEPARTMENT/UNIT HEAD

All necessary space and supplies not requested in this application have been made available in the department.

I confirm that the Principal Investigator is affiliated with my department as a _____.

Department/Unit Head Signature _____
Date
Print Department/Unit Head Name _____

Research Plan:

Budget: Please use the Excel Budget Proposal Worksheet provided at www.uic.edu/spha/glakes/; choose “Funding Opportunities”, or an equivalent spreadsheet

Key personnel: List all personnel names, organization and project duties in an attached budget justification that addresses:

- Salaries and Wages
- Fringe Benefits
- Travel
- Consultants: General Services
- Supplies
- Tuition Remission
- Facilities and Administration (F&A) Allocation (Indirect)

Abstract of Research Plan: State the project goal and objectives. Describe concisely the research design and methods for achieving these objectives as well as the potential for improving safety and health in the work environment (maximum 200 words). Attach the full proposal narrative (maximum 10 pages) to the application. If this is a continuation of funding from a previous award please explain current project progress and indicate the purpose of additional funding. The full proposal should describe background information leading to the research hypothesis, a clear description of the hypothesis, how specific research objectives will address the hypothesis, any preliminary information, the research design and methods, including any anticipated obstacles and plans for overcoming them, and the potential significance. The applicant should also include a discussion of plans for publication and for additional grant applications that could be made based on the results of the project.

Currently Available Resources

Office:

Office Equipment:

Computer:

Laboratory:

Clinic:

Animal:

Environmental Sampling Equipment:

Other:

