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| CCTST Pilot Grant Program **Processes and Methods Pilot Grant Application** | | | | | | | | | | | |
| 1. TITLE OF PROJECT *(Do not exceed 56 characters, including spaces and punctuation.)* | | | | | | | | | | | |
| 1a. Type of application:  Research proposal  TR Faculty Development Award  Retreat proposal  Core proposal | | | | | | | | | | | |
| **2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR** | | | | | | **New CCTST Investigator  No  Yes** | | | | | |
| 2a. NAME *(Last, first, middle)* | | | | | | 2b. DEGREE(S) |  | | | | |
|  |  | | |  |  |
| 2c. POSITION TITLE | | | | | | 2d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | |
| 2e. DIVISION | | | | | |  | | | | | |
| 2f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | |
| 2g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | E-MAIL ADDRESS: | | | | | |
| TEL: | | FAX: | | | |  | | | | | |
| **3. CO-INVESTIGATOR** | | | | | | **New CCTST Investigator  No  Yes** | | | | | |
| 3a. NAME *(Last, first, middle)* | | | | | | 3b. DEGREE(S) |  | | | | |
|  |  | | |  |  |
| 3c. POSITION TITLE | | | | | | 3d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | |
| 3e. DIVISION | | | | | |  | | | | | |
| 3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | E-MAIL ADDRESS: | | | | | |
| TEL: | | | | FAX: | |  | | | | | |
| 4. Human Subjects Research  No  Yes | | | | 4a. Research Exempt  No  Yes  If “Yes,” Exemption No. | | 4b. Human Subjects Assurance No.  4c. NIH-Defined Phase I Clinical Trial  No  Yes | | | 5. Human Subjects Protection Certification:  No  Yes  5a. Certification Date: | | |
| 6. Vertebrate Animals  No  Yes  6a. If “Yes,” IACUC Approval Date    6b. Animal Welfare Assurance No. | | | | 7. IBC Protocol  No  Yes  7a. If “Yes,” Approval Date:    7b. Approval Number: | | 8. Radiation  No  Yes  8a. If “Yes,” Approval Date | | |  | | |
| 9. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | | | 1. COSTS REQUESTED   Direct Costs ($) | | |  | | |
| From | Through | | | | |  | | |  | | |
|  |  | | | | |  | | |
| 12. The undersigned reviewed this application for a CCTST research award and are familiar with the policies, terms, and conditions of UC and/or CCHMC concerning research support and accept the obligation to comply with all such policies, terms, and conditions. | | | | | | | | | | | |
| Primary Applicant: | | | | | | Division Chair of Primary Applicant: | | | | | |
| Signature of Primary Applicant | | | | | Date: | Signature of Division Chair of Primary Applicant | | | | | Date: |
| Affiliate applicant: | | | | | | Division Chair of Affiliate Applicant: | | | | | |
| Signature of Affiliate Applicant | | | | | Date: | Signature of Division Chair of Affiliate Applicant: | | | | | Date: |
| OFFICE USE ONLY: | | | Received by: | | | | | Date Received: | | | |