

<h1 style="margin: 0;">Mississippi Institute for Improvement of Geographic Minority Health</h1>		<p><u>FOR OFFICE USE ONLY</u></p> RECEIVED: _____ REVIEWED: _____ SCORE: _____ (overall)	
<h2 style="margin: 0;">Competitive Research Grant Application</h2>		Total Project Period (1-year period) From: _____ Through: _____	
1. TITLE OF PROJECT			
2a. PRINCIPAL INVESTIGATOR <i>(Name and complete address)</i>		3. APPLICANT ORGANIZATION <i>(Name and complete address)</i>	
		4a. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL	
2b. TELEPHONE	2c. FAX	4b. TELEPHONE	4c. FAX
2d. E-MAIL		4d. E-MAIL	
5a. DEPARTMENT CHAIRPERSON		6. COSTS REQUESTED FOR BUDGET PERIOD	
5b. TELEPHONE	5c. FAX	6. TOTAL	
5d. E-MAIL			
7. HUMAN SUBJECTS		8. VERTEBRATE ANIMALS	
<input type="checkbox"/> No <input type="checkbox"/> Yes	7a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes	7b. Human Subjects Assurance #	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Exempt ("Yes" in 7a): Exemption No.		8a. If "Yes," IACUC approval date	
If Not Exempt ("No" in 8a): IRB approval date review		8b. Animal Welfare Assurance No.	
		<input type="checkbox"/> Full IRB <u>or</u> <input type="checkbox"/> Expedited	
9. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION			
9a. NAME			
9b. TITLE			
9c. TELEPHONE		9d. FAX	9e. E-MAIL
10. PRINCIPAL INVESTIGATOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF PI NAMED IN 2a. <i>(In ink. "Per" signature not acceptable.)</i>	DATE
11. DEPARTMENT CHAIRPERSON ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the Center for Psychiatric Neuroscience terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF DEPT CHAIR NAMED IN 5a. <i>(In ink. "Per" signature not acceptable.)</i>	DATE
12. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the Center for Psychiatric Neuroscience "Terms and Conditions of Award" if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 9a. <i>(In ink. "Per" signature not acceptable.)</i>	DATE

Applicant:			Project Title:		

**LETTER FROM APPROPRIATE OFFICIAL
GUARANTEEING MATCHING FUNDS FROM INSTITUTION**

NOT REQUIRED FROM UMC APPLICANTS

Applicant:	Project Title:
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ABSTRACT OF PROPOSED RESEARCH

Use this space to summarize concisely your proposed research, outlining objectives and methods.

Keep abstract in the box.

KEY PERSONNEL. Start with the Principal Investigator. List all other key personnel (even if salary is not requested).

NAME	ORGANIZATION	ROLE ON PROJECT

Applicant:	Project Title:
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BUDGET

(Year 1 and Year 2 totals should include CPN + matching funds. See page 2 of Application Policies for allowable expenses.)

PERSONNEL		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	DOLLAR AMOUNT REQUESTED (omit cents)			
NAME	ROLE ON PROJECT			SALARY REQUESTED	FRINGE BENEFITS	YEAR 1 TOTAL	YEAR 2 TOTAL
TOTALS (CPN + MATCHING FUNDS) →							
EQUIPMENT <i>(itemize. See instructions for details and justification)</i>							
						YEAR 1 TOTAL	YEAR 2 TOTAL
SUPPLIES <i>(itemize by category)</i>							
						YEAR 1 TOTAL	YEAR 2 TOTAL
DOMESTIC TRAVEL						YEAR 1 TOTAL	YEAR 2 TOTAL
OTHER EXPENSES <i>(itemize by category)</i>						YEAR 1 TOTAL	YEAR 2 TOTAL
						YEAR 1 TOTAL	YEAR 2 TOTAL
TOTAL DIRECT COSTS FOR PROJECT PERIOD (Year 1/Year 2) NOT TO EXCEED \$35,000/YEAR							

Applicant:	Project Title:
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BUDGET JUSTIFICATION

Applicant:

Project Title:

PROJECT DESCRIPTION

(5 typed pages)

- a. Specific Aim(s)
- b. Background and Significance
- c. Preliminary Studies
- d. Research Design and Methods
- e. Human Subjects Research (if required)
- f. Vertebrate Animals (if required)

Applicant:	Project Title:
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Applicant:	Project Title:
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Applicant:	Project Title:
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Applicant:	Project Title:
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Applicant:	Project Title:
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BIBLIOGRAPHIC REFERENCES

(1 typed page)

Applicant:	Project Title:
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BIOGRAPHICAL SKETCH OF INVESTIGATOR(S) AND OTHER SUPPORT

Provide the following information for key personnel.
Follow this format for each person. **DO NOT EXCEED TWO PAGES.**

NAME	POSITION TITLE
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

Applicant:	Project Title:
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C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Applicant:	Project Title:
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LETTER(S) OF ASSURANCES OR LETTER(S) INDICATING SUBMISSION

Please provide letter(s) from the appropriate institutional committee(s) indicating approval of proposed protocols to be used in this research proposal or indicating that these protocols have been submitted to the appropriate institutional committee(s) for review.