

CIEHS PILOT PROJECT PROGRAM APPLICATION COVER PAGES

1. First and Last Name:

2. Title of Project:

3. Principal Investigator (list the name of the one person responsible for the scientific and ethical conduct of the project):

3(a) Academic Rank/Position Title:

3(b). Department of Primary Appointment:

3(c) Telephone number:

3(d) Email address:

4. Collaborator(s):

5. Dates of Project (indicate beginning and ending dates for the project):

6. Performance Sites (list site(s), building and rooms, where the work will be performed):

7. Budget (indicate the total amount requested):

8. Compliance and Training: Will project use:

	Yes	No	Internal Review/ Registration No. <input type="text"/>	Status (approved, submitted, pending)
a. Human subjects?	<input type="checkbox"/>	<input type="checkbox"/>	IRB	
b. Experimental animals?	<input type="checkbox"/>	<input type="checkbox"/>	IACUC	
c. Ionizing radiation devices/isotopes?	<input type="checkbox"/>	<input type="checkbox"/>		
d. Recombinant DNA?	<input type="checkbox"/>	<input type="checkbox"/>		
e. Pathogenic organisms?	<input type="checkbox"/>	<input type="checkbox"/>		
f. CDC/USDA Select Agents?	<input type="checkbox"/>	<input type="checkbox"/>		
g. Human blood, tissue, cell lines. OPIM?	<input type="checkbox"/>	<input type="checkbox"/>		
h. Highly toxic, carcinogenic, mutagenic agents?	<input type="checkbox"/>	<input type="checkbox"/>		

Note: The P.I. is responsible for complying with University safety rules, policies and procedures

9. Award Type: Interdisciplinary New Direction Community-Engaged

10. Research Interest Group: Indicate the RIG(s) by checking the appropriate choice(s).
(Check all that apply.)

Cancer

Multi-Organ Toxicology

Neurodevelopmental Toxicology

None

11. Previous CIEHS support? Yes No

If Yes, give the dates of the grant support periods, list the date(s) of submission of the Final Reports(s) for this (these) prior support, and provide evidence of publications and/or extramural grant applications and/or funding resulting from this support.

SIGNATURES:

Principal Investigator: _____ Date: _____

The Principal Investigator certifies that this is a new project which is not being considered for other intramural or extramural funding. The undersigned agrees to accept responsibility for the scientific and ethical conduct of the project.

Department Chair: _____ Date _____