# CIEHS PILOT PROJECT PROGRAM APPLICATION COVER PAGES

1. Underline 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. | Status (approved, submitted, pending) |
|---|---|---|---|---|
| a. Human subjects? | ☐ | ☐ | IRB | |
| b. Experimental animals? | ☐ | ☐ | IACUC | |
| c. Ionizing radition devices/isotopes? | ☐ | ☐ | | |
| d. Recombinant DNA? | ☐ | ☐ | | |
| e. Pathogenic organisms? | ☐ | ☐ | | |
| f. CDC/USDA Select Agents? | ☐ | ☐ | | |
| g. Human blood, tissue, cell lines. OPIM? | ☐ | ☐ | | |
| h. Highly toxic, carcinogenic, mutagenic agents? | ☐ | ☐ | | |

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

9. <u>Award Type:</u> Interdisciplinary ☐ New Direction ☐ Community-Engaged ☐

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

☐ Cancer

☐ Multi-Organ Toxicology

☐ Neurodevelopmental Toxicology

☐ None

11. <u>Previous CIEHS support?</u>　　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 ＿＿＿＿＿＿＿＿＿＿