



Neuroscience Research Priority Area  
Small Equipment Grant Program  
Cover Page

**INSTRUCTIONS**

Include the following in a single PDF form and submit to [susannahmstitzer@uky.edu](mailto:susannahmstitzer@uky.edu)

1. Cover Page (this document).
2. Equipment Proposal – Limit 3 pages, 11 pt font, single spaced
  - a. Equipment Description – include a brief description of the equipment, the location for housing the equipment, and indication of support for the location if it is outside of an individual investigator’s laboratory.
  - b. Justification – Describe the research the proposed equipment will support. If the request is for support within a grant application, briefly describe the grant. Include the need for the equipment and the number of users. If the equipment will be shared, please describe how it will be shared including how other investigators will access the equipment and provisions for any required training. This section should also address whether similar equipment is available on campus and, if so, why the existing equipment does not meet the investigator’s needs. Please see the program announcement for additional details and funding priorities.
3. NIH-style biosketch of Principal Investigator
4. Vendor Quote

**CONTACT INFORMATION**

Principal Investigator: \_\_\_\_\_

College/Dept: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Co-Investigator: \_\_\_\_\_

College/Dept: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EQUIPMENT**

Proposed Equipment: \_\_\_\_\_

Amount of Grant Requested: \_\_\_\_\_ Total Cost of Equipment: \_\_\_\_\_

Are there matching funds or applicable cost-share?  Yes  No

If this request is for matching support within the budget of a grant application, please provide the following.

Grant Name: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Submission Deadline: \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_