NEUROSCIENCE
RESEARCH PRIORITY AREA

NRPA Pilot Grant Application Form

Pilot Project Title:

Principal Investigator Contact Information

Name: Email:

College/Department: Phone:

Other Study Personnel (PIs, Co-Investigators, or Collaborators)

1. Name: Email:
   College/Department:
   Role on Project:
2. Name: Email:
   College/Department:
   Role on Project:
3. Name: Email:
   College/Department:
   Role on Project:
4. Name: Email:
   College/Department:
   Role on Project:
5. Name: Email:
   College/Department:
   Role on Project:

Department Business Manager or Account Contact
(This person is specific to the PI's college or academic unit)

Name: Email:

Funding

Total Budget Requested:

Has this project previously been submitted for external grant funding?

Yes ___ No ___

a. If yes, please provide the date of submission and attach a copy of the summary statement of reviewers' comments.

   Date of submission:

Future funding targets:

___ Commercially-sponsored study (i.e. pharmaceutical, industry)

___ Cooperative Group study (other than, NIH, VA, NCI, NSF)

___ Governmental investigator-initiated clinical trial (i.e. NIH, VA, NCI, NSF, etc.)

- PARs:

___ Other:

Institutional and Regulatory Approvals

Does this project involve the use of human subjects? ___ Yes ___ No

a. If yes, please attach either a copy of the NHR Determination or IRB approval letter as an appendix to your application and list the approval date below. If submission or review is pending, please provide the date (or expected date) of submission.

   Date:

Is UKHC RMC review required? (Investigator-initiated clinical studies require non-indemnification review by the UKHC Risk Management Committee before project initiation). If yes, please attach a copy of the approval.

Yes ___ No ___

Is IBC review required (necessary for projects involving recombinant DNA, infectious agents, and or human gene transfer/therapy products)? If yes, please attach a copy of the IBC approval.

Yes ___ No ___

Does this project involve the use of animal subjects?

Yes ___ No ___

a. If yes –please provide the IACUC protocol number and date of approval:

   Protocol Number: Date of Approval:

Investigational drug/device involved?

1. Is an investigational drug or device or a therapeutic approach involved that is not FDA approved?

   Yes ___ No ___

2. If yes, provide IND/IDE number and sponsor; or documentation of FDA exemption from requirement to file IND (UK IRB determines whether exemption applicable)

   - IND/IDE#:
   - Sponsor Name:

Applicant Signature(s) _____ _____