

**GRANT APPLICATION - FACE PAGE (Form Page 1)**

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

**Academic Rank:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Co-Principal Investigator(s) or Mentor(s):** \_\_\_\_\_

\_\_\_\_\_  
**Academic Rank:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

\_\_\_\_\_  
**Executive Summary (Use *Layperson Language*: Do not exceed 30 lines of text)**

(Form Page 2)

PROJECT TITLE: \_\_\_\_\_  
\_\_\_\_\_

PRINCIPAL INVESTIGATOR: \_\_\_\_\_  
(Name, Degree, Title)  
\_\_\_\_\_  
(Department/School)

AMOUNT REQUESTED: \$ \_\_\_\_\_ Project Period: \_July 1, 2019\_ to \_\_\_\_\_

**BUDGET PROPOSED:**

A. Personnel

B. Permanent Equipment

C. Supplies

D. Core Facility Usage:

E. Miscellaneous

Total: \$ \_\_\_\_\_

**BUDGET JUSTIFICATION (Use additional sheets as needed.)**

\_\_\_\_\_  
Approved by Mr. John Hutter  
Department of Surgery Administrator

\_\_\_\_\_  
Date

**NOTE:** Budget must be pre-approved by Mr. John Hutter prior to submission of grant application. Prior to grant submission, therefore, this budget page must bear his initials and date to be considered for funding as a complete application.