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)
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.