Face Page

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| TITLE OF PROJECT:  |
| **APPLICANT INFORMATION (Principal Investigator)** |
| APPLICANT NAME:  |   | HIGHEST DEGREE(S): |   |
| POSITION TITLE: |   | CURRENT INSTITUTION: |   |
| ACADEMIC RANK: |   | MAILING ADDRESS: |
| DIVISION: |   |  STREET ADDRESS |   |
| DEPARTMENT: |   |  STREET *(line 2)* |   |
| E-MAIL ADDRESS: |   |  CITY, ST, ZIP |   |
| TEL: |  | FAX: |   |  COUNTRY |   |
| **PROJECT INFORMATION** |
| DATES OF PROPOSED PROJECT *(MM/DD/YYYY)* | PROPOSED BUDGET |
| FROM: | THROUGH: | TOTAL PROJECT BUDGET: | GRANT REQUEST: |
| MM/DD/YYYY | MM/DD/YYYY | $0 | $0 |
|  **SIGNATURES & ASSURANCES** |
| HUMAN SUBJECTS: |  No |  Yes | SIGNING OFFICIAL FOR INSTITUTION |
|  | Human Subjects Assurance #: |   | NAME OF OFFICIAL: |   |
|   | IRB No. or Status: |   | TITLE OF OFFICIAL: |   |
|   | DSMP Required? |   | NAME OF INSTITUTION: |   |
| ANIMAL SUBJECTS: |  No |  Yes | MAILING ADDRESS: |
| Animal Welfare Research No: |  | STREET ADDRESS |   |
| IACUC Status: |   | STREET *(line 2)* |   |
| Letter attached? |   | STREET *(line 3)* |   |
| RECOMBINANT DNA |  No |  Yes | CITY, ST, ZIP |   |
|  Status: |   | COUNTRY  |  |
|  Date: |   | INSTITUTION EIN # |  |
| BIOHAZARDS: |  No |  Yes | INSTITUTION DUNS # |   |
| Adequate Protections Assured? |   | E-MAIL ADDRESS: |   |
| EMBRYONIC STEM CELLS: |  No |  Yes | TEL: |  | FAX: |  |
| Require ESCRO Approval?  |  | Status: |  |
| APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.  | SIGNATURE OF APPLICANT: | DATE: |
|   |   |
|
| SIGNING OFFICIAL ASSURANCE I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the grantor’s terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | SIGNATURE OF SIGNING OFFICIAL: | DATE: |
|   |   |

# HANDS Shared Resources

Full Application