

**COLLEGE OF ALLIED HEALTH**  
**Research Seed Grant Program Application Form**

<b>1. Title of Proposal</b>		<b>2. Funding Amount Requested</b>	
<b>3. Principal Investigator</b>			
Name/Credentials:			
Title/Position:			
Department:		Employment Date with CAH:	
Status:	Tenured	Tenure Track	Consecutive Term
			Temporary
Employment Status:	12 mo	10 mo	9 mo
			% Research Assignment:
Have you previously received funding from the CAH Research Seed Grant Program?			Yes      No
Phone:	E-mail:		Fax:
<b>4. Co-Investigator(s)/Mentor(s)</b>			
Name:		Title:	
Department:		University:	
Name:		Title:	
Department:		University:	
Name:		Title:	
Department:		University:	
<b>5. Type of Research:</b> Applied      Basic      Other (explain)			
<b>6. Human Subjects:</b>		Pending, date anticipated:	Date of Institutional Approval:
Yes	No		
<b>7. Vertebrate Animals:</b>		Pending, date anticipated:	Date of Institutional Approval:
Yes	No		
<b>8. Biological Hazards:</b> Yes      No			
<b>9. Radioisotopes:</b> Yes      No			
If yes, state name, address, and radioactive use number of the individual under whom radioisotopes will be purchased, stored, and used.			
Name:		Address:	
User mini-license no.:			
<b>10. Principal Investigator Assurance:</b>			
<p>I hereby accept responsibility for the scientific content of the project and for providing the materials required for annual contract performance evaluation. I give permission for the materials in this application to be reviewed by members of the CAH Review Panel and other College administrators as deemed necessary. I agree to maintain accurate records and to manage the administrative tasks</p>			

necessary to complete all planned work within the funding limitations.

I also certify that all statements and figures are accurate and agree to conform with all College and University policies in executing the project.

Signature of Principal Investigator

Date

**11. Approval Signatures:**

Department Chair

Date

**For use by CAH Review Panel Only**

Date Rec'd \_\_\_\_\_

Date of Final Review \_\_\_\_\_

**Action:**

- Accepted
- Approved but not funded
- Declined

\_\_\_\_\_  
**Signature of Panel Chair**