# CVM-CAHNRS LIVESTOCK HEALTH AND FOOD SECURITY INTERNAL GRANT APPLICATION

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| **1. PROJECT TITLE** | | | |
| **2. PI NAME (Last, first, middle)** | | **3. PI DEGREE(S)** | |
| **4. PI POSITION TITLE** | | **5. PI DEPARTMENT AND COLLEGE** | |
| **6. Co-PI/Co-I NAME (Last, first, middle)** | | **7. Co-PI/Co-I DEGREE(S)** | |
| **8. Co-PI/Co-I POSITION TITLE** | | **9. Co-PI/Co-I DEPARTMENT AND COLLEGE** | |
| **10. PI TELEPHONE** | | **11. PI E-MAIL ADDRESS** | |
| **12. REGULATORY COMPLIANCE** | NO | YES | If YES, Date and Number |
| Vertebrate Animals |  |  |  |
| Recombinant DNA |  |  |  |
| Biohazards |  |  |  |
| **13. AMOUNT REQUESTED FOR YEAR 1 (MAXIMUM $50,000)** | | | |
| **14. ANTICIPATED AMOUNT REQUESTED FOR YEAR 2 (TOTAL PROJECT MAXIMUM $80,000)** | | | |
| **15. APPLICANT SIGNATURES**  *The applicants are familiar with the conditions, policies, and objectives of this internal grant program, accept the obligation to comply with all such conditions, policies, and objectives, and assure that the necessary faculty effort, technical support, equipment, etc., are available to complete the proposed project if awarded at the proposed budget level.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  PI (Please type) SIGNATURE DATE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Co-PI/Co-I (Please type) SIGNATURE DATE | | | |
| **15. DEPARTMENT CHAIR SIGNATURES**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  CVM DEPT CHAIR (Please type) SIGNATURE DATE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  CAHNRS DEPT CHAIR (Please type) SIGNATURE DATE | | | |
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| **ABSTRACT:** State the application's broad long-term objectives and specific aims, (relate current specifications to your long-term research goals). Describe concisely the research design and methods for achieving these goals. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. **DO NOT EXCEED 300 words.** | |
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**PERFORMANCE SITE(S)**

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| **KEY PERSONNEL** | | |
| Name | Department and College  (including off-campus location if applicable) | Role on Project |
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| **DETAILED BUDGET** | | | | | | | |
| PERSONNEL  (Faculty salaries will NOT be funded; graduate student, research associate, and/or time slip salaries are permitted but must be <50% total) | | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | |
|  |  | EFFORT | INST. |  |  | |  |
|  | ROLE ON | ON | BASE | SALARY | FRINGE | |  |
| NAME | PROJECT | PROJ. | SALARY | REQUESTED | BENEFITS | | TOTALS |
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| **SUBTOTALS** | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | |  |
| EQUIPMENT *(<$5,000; Must be well justified)* | | | | | | |  |
|  | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | |  |
|  | | | | | | |  |
|  | | | | | | |  |
| TRAVEL *(Must be kept to a minimum and be well justified)* | | | | | | |  |
|  | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | |  |
|  | | | | | | |  |
| **TOTAL COSTS ⎯⎯⎯⎯⎯→** | | | | | | $ | |

# BUDGET JUSTIFICATION

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