

## PART I: PROJECT GRANT COVER PAGE

1. **Type of Award:** Faculty Project Grant

2. **Applicant Information:**

Name:

Department:

Office:

Office Phone:

e-mail address:

Tenure Status (Tenure-track, Tenured):

Faculty Rank (Lecturer, Assistant Professor, Associate Professor, Full Professor):

3. **Amount Requested:**

4. **Other Current FDA Award Applications** (please note if award applications are co-dependent):

5. **Title of Project:**

a. **IRB/IACUC/IBC Approval # / Status** (if applicable):

Note: This information is for committee review and will not impact project scoring.

6. **Short Project Description** (200-word max):

7.

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signature\*

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date

\* By typing your name or pasting your signature in the space provided you are allowing this application to be reviewed by the Faculty Benefits Committee for a possible award. The applicant is also aware that failure to comply with the instructions may result in this proposal not being reviewed.