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.

signature*	date