

**-COVER SHEET-**  
**NORTHERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION**  
**RESEARCH SUPPORT GRANTS**

Date:

A. Principal Investigator:

Name:

Department:

College:

Principal Investigator Email:

Phone No(s):

B. Co-Investigator(s):

Name:

Department:

College:

C. Period of Proposed Project

to

D. Title of Proposed Project

E. Review/Approval Required by University Policy & Federal Law

Y N

**HUMAN SUBJECTS**

Does this project involve the use of human subjects? If yes, the project **MUST** be reviewed and approved by the appropriate Institutional Review Board (IRB).

IRB protocol number

Date approved

/ /

**ANIMAL SUBJECTS**

Does this project involve the use of animal subjects? If yes, the project **MUST** be reviewed and approved by the Institutional Animal Care and Use Committee (IACUC).

IACUC protocol number

Date approved

/ /

**HAZARDOUS MATERIAL**

Does this project involve the use of any **RADIOACTIVE** or **BIOLOGICALLY** or **CHEMICALLY** hazardous material (e.g., recombinant DNA, pathogenic organisms, chemical carcinogens)? If yes, the project **MUST** be approved by the Director of Human Safety and Environmental Health.

Date approved

/ /

F. Approximate Amount Requested from NKURF

\$

G. Amount and source of Cost Sharing directly applied to this request:

- o Identify Department or Other

**TOTAL (F+G)**

\$

**Signatures:**

**CHAIR:**

**DEAN:**