

**CANNABIS RESEARCH - PILOT GRANT APPLICATION****1. TITLE OF PILOT PROJECT**

---

**2. CONTACT INFORMATION FOR PRINCIPAL INVESTIGATOR**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department &amp; College: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**3. OTHER PRINCIPAL INVESTIGATOR(S), CO-INVESTIGATOR(S), OR COLLABORATOR(S) (if there are more than five Co-Investigators, place information in submission email).**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Role on Project: \_\_\_\_\_

College: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Role on Project: \_\_\_\_\_

College: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Role on Project: \_\_\_\_\_

College: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Role on Project: \_\_\_\_\_

College: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Role on Project: \_\_\_\_\_

College: \_\_\_\_\_

Signature: \_\_\_\_\_

**4. DEPARTMENT BUSINESS MANAGER (this person will be specific to the PI's college or academic unit)**

Name: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**5. BUDGET**

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

**6. CANNABIS CENTER REGULATORY ASSISTANCE**

If you are conducting a controlled administration trial, are you requesting assistance from the Cannabis Center to obtain regulatory permissions?

\_\_\_\_ No or N/A

\_\_\_\_ YES:

\_\_\_\_ FDA IND Application Assistance

\_\_\_\_ DEA Schedule I Application Assistance

Please describe the team's current expertise (include previous experience with controlled substances or drug/medication studies) and the assistance requested from the Cannabis Center:

\_\_\_\_\_

## 7. PRIOR REVIEW

Has this project been previously submitted for internal grant funding?

No  Yes

*If Yes, please provide:*

- Date Submitted: \_\_\_\_\_
- Grant Mechanism (e.g., IRC, VPR pilot funding): \_\_\_\_\_
- Score: \_\_\_\_\_
- Please attach summary statement/reviewer feedback

Has this project been previously submitted for external grant funding?

Yes  No

*If Yes, please provide:*

- Date Submitted: \_\_\_\_\_
- Grant Mechanism/Funding Agency (e.g., R03, NIDA): \_\_\_\_\_
- Score: \_\_\_\_\_
- Please attach summary statement/reviewer feedback

## 8. REVIEW/APPROVAL REQUIRED BY UNIVERSITY POLICY & FEDERAL LAW

Does this project involve the use of human subjects?

Yes  No

**If Yes, the protocol does not have to be IRB-approved at the time of application submission; however, the protocol MUST be approved by the Institutional Review Board (IRB) and any other regulatory bodies required by local department/clinical areas prior to the release of funds. Please provide the status of the IRB application:**

- IRB Protocol Number: \_\_\_\_\_
- Date Approved: \_\_\_\_\_
- If not yet approved, anticipated IRB submission date: \_\_\_\_\_

Does this project involve the use of animal subjects?

Yes  No

**If Yes, the project MUST be approved by the Institutional Animal Care and Use Committee (IACUC) and any other regulatory bodies required by local department/clinical areas prior to the release of awarded funds. Please provide the status of the IACUC application:**

- IACUC Protocol Number: \_\_\_\_\_
- Date Approved: \_\_\_\_\_
- If not yet approved, anticipated IACUC submission date: \_\_\_\_\_

**Does this project involve the use of any biologically or chemically hazardous material (e.g., recombinant DNA, pathogenic organisms, and chemical carcinogens)?**

Yes  No

*If Yes, the project MUST be approved by the Director of Human Safety and Environmental Health. Please provide:*

- IBC Approval Number: \_\_\_\_\_
- Date Approved: \_\_\_\_\_

**Does this project involve the use of any radioactive materials?**

Yes  No

*If Yes, the project MUST be approved by RSC. Please provide:*

- RSC Approval Number: \_\_\_\_\_
- Date Approved: \_\_\_\_\_