NEUROSCIENCE
RESEARCH PRIORITY AREA

NRPA Pilot Grant Application Form

Pilot Project Title: _____

Principal Investigator Contact Information

Name: _____ Email: _____

College/Department: _____ Phone: _____

Other Study Personnel (PIs, Co-Investigators, or Collaborators)

1. Name: _____ Email: _____
   College/Department: _____
   Role on Project: _____
2. Name: _____ Email: _____
   College/Department: _____
   Role on Project: _____
3. Name: _____ Email: _____
   College/Department: _____
   Role on Project: _____
4. Name: _____ Email: _____
   College/Department: _____
   Role on Project: _____
5. Name: _____ Email: _____
   College/Department: _____
   Role on Project: _____

Department Business Manager or Account Contact
(This person is specific to the PI's college or academic unit)

Name: _____ Email: _____

Funding

Total Budget Requested: _____

Has this project previously been submitted for external grant funding?

Yes ☐ No ☐

a. If yes, please provide the date of submission and attach a copy of the summary statement of reviewers' comments.

Date of submission: _____

Future funding targets:

☐ Commercially-sponsored study (i.e. pharmaceutical, industry)
☐ Cooperative Group study (other than, NIH, VA, NCI, NSF)
☐ Governmental investigator-initiated clinical trial (i.e. NIH, VA, NCI, NSF, etc.)

- PARs: _____

☐ Other: _____

Institutional and Regulatory Approvals

Does this project involve the use of human subjects? ☐ Yes ☐ No

a. If yes, please attach either a copy of the NHR Determination or IRB approval letter as an appendix to your application and list the approval date below. If submission or review is pending, please provide the date (or expected date) of submission.

Date: _____

Is UKHC RMC review required? (Investigator-initiated clinical studies require non-indemnification review by the UKHC Risk Management Committee before project initiation). If yes, please attach a copy of the approval.

Yes ☐ No ☐

Is IBC review required (necessary for projects involving recombinant DNA, infectious agents, and or human gene transfer/therapy products)? If yes, please attach a copy of the IBC approval.

Yes ☐ No ☐

Does this project involve the use of animal subjects?

Yes ☐ No ☐

a. If yes –please provide the IACUC protocol number and date of approval:

Protocol Number: _____ Date of Approval: _____

Investigational drug/device involved?

1. Is an investigational drug or device or a therapeutic approach involved that is not FDA approved?

   Yes ☐ No ☐

2. If yes, provide IND/IDE number and sponsor; or documentation of FDA exemption from requirement to file IND (UK IRB determines whether exemption applicable)

   - IND/IDE#: _____
   - Sponsor Name: _____

Applicant Signature(s) _____ _____