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Center of Excellence (COE) Application Form

FACE PAGE

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| --- | --- | --- | --- | --- | --- | --- |
| Project Title: |  | | | | | |
| Name, Degrees and Title of Principal Investigator (PI): |  | | | | | |
| PI’s Institution/School/Department: |  | | | | | |
| PI’s Mailing Address: |  | | | | | |
| PI’s E-mail Address: |  | | | | | Tel: |
| Dates of Proposed Period of Support: | From: | | | Through: | | |
| Funds Requested: | Year 1: | Direct costs: | | Facilities & Administrative: | | |
|  | Year 2: | Direct costs: | | Facilities & Administrative: | | |
|  | Year 3: | Direct costs: | | Facilities & Administrative: | | |
| Applicant Organization: |  | | | | | |
| Administrative Contact Name and Title: |  | | | E-mail: | | |
| Mailing Address: |  | | | | | |
| Mailing Address continued: |  | | | | | |
| Tel: |  | | | Fax: | | |
| **REGULATORY APPROVALS** | | | | | | |
| HUMAN SUBJECTS:  Yes  No | | | VERTEBRATE ANIMALS:  Yes  No | | | |
| Approval Date:        Pending | | | Approval Date:       Pending | | | |
| Exempt:  Yes  No | | | IACUC Approval No. | | | |
| Federal Wide Assurance No. | | | Animal Assurance No. | | | |
| **CERTIFICATIONS** | | | | | | |
| **Principal Investigator (PI)** | | | **Official Signing for Applicant Organization** | | | |
| As PI for this project, I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with the policies of the sponsoring organization and to provide progress reports in a timely manner. | | | Name: | | | |
| Title: | | | |
| Mailing Address: | | | |
|  | | | |
| Tel: | | Fax: | |
| Provide an electronic signature by typing name in the shaded box and checking the Confirm Signature box:    Confirm Signature | | | Provide an electronic signature by typing name in the shaded box and checking the Confirm Signature box:    Confirm Signature | | | |

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| PROJECT SUMMARY/ABSTRACT: Provide a succinct and accurate description of the proposed work suitable for dissemination to the public. | | |
| SENIOR/KEY PERSONNEL | | |
| Name | Institutional Affiliation | Role on Project |
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| PREVIOUS FUNDING FROM THE NCRG/ICRG  Grant Title(s):  Product(s):  Grant Title(s):  Product(s):  Grant Title(s):  Product(s): | | |

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| **BUDGET SUMMARY – YEAR 1**  *Please see the application guidelines for a list of allowable budget items.* | | | | | | |
| Personnel | | % |  | Dollar Amount Requested | | |
| Name | Role on Project | Effort on Project | Inst. Base Salary | Salary Requested | Fringe Benefits | TOTAL |
|  | Principal Investigator | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
| Subtotals | | | |  |  |  |
| Consultant Costs – Name(s): | | | | | |  |
|  | | | | | |  |
| Equipment: | | | | | |  |
| Supplies: | | | | | |  |
| Human Subjects: | | | | | |  |
| Travel: | | | | | |  |
| Other Expenses: | | | | | |  |
| Other Expenses: | | | | | |  |
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| SUBTOTAL | | | | | |  |
| Facilities & Administration Costs (up to 25% of direct costs) | | | | | |  |
| **TOTAL COSTS REQUESTED** | | | | | |  |

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| BUDGET JUSTIFICATION  In the space below, briefly explain and justify the above costs, providing calculations to show how amounts were determined. |

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| BUDGET SUMMARY – YEAR 2  *Please see the application guidelines for a list of allowable budget items.* | | | | | | |
| Personnel | | % |  | Dollar Amount Requested | | |
| Name | Role on Project | Effort on Project | Inst. Base Salary | Salary Requested | Fringe Benefits | TOTAL |
|  | Principal Investigator | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
| Subtotals | | | |  |  |  |
| Consultant Costs – Name(s): | | | | | |  |
|  | | | | | |  |
| Equipment: | | | | | |  |
| Supplies: | | | | | |  |
| Human Subjects: | | | | | |  |
| Travel: | | | | | |  |
| Other Expenses: | | | | | |  |
| Other Expenses: | | | | | |  |
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| SUBTOTAL | | | | | |  |
| Facilities & Administration Costs (up to 25% of direct costs) | | | | | |  |
| **TOTAL COSTS REQUESTED** | | | | | |  |

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| BUDGET JUSTIFICATION  In the space below, briefly explain and justify the above costs, providing calculations to show how amounts were determined. |

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| **BUDGET SUMMARY – YEAR 3**  *Please see the application guidelines for a list of allowable budget items.* | | | | | | |
| Personnel | | % |  | Dollar Amount Requested | | |
| Name | Role on Project | Effort on Project | Inst. Base Salary | Salary Requested | Fringe Benefits | TOTAL |
|  | Principal Investigator | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
|  |  | % |  |  |  |  |
| Subtotals | | | |  |  |  |
| Consultant Costs – Name(s): | | | | | |  |
|  | | | | | |  |
| Equipment: | | | | | |  |
| Supplies: | | | | | |  |
| Human Subjects: | | | | | |  |
| Travel: | | | | | |  |
| Other Expenses: | | | | | |  |
| Other Expenses: | | | | | |  |
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| SUBTOTAL | | | | | |  |
| Facilities & Administration Costs (up to 25% of direct costs) | | | | | |  |
| **TOTAL COSTS REQUESTED** | | | | | |  |

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| BUDGET JUSTIFICATION  In the space below, briefly explain and justify the above costs, providing calculations to show how amounts were determined. |