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| --- | --- |
| TITLE OF PROJECT | |
| PRINCIPAL INVESTIGATOR | |
| NAME *(Last, First, Middle)* | DEGREE(S) |
| ACADEMIC TITLE | COLLEGE AND DEPARTMENT |
| YEAR LAST DEGREE CONFERRED | YEAR OF FIRST INDEPENDENT POSITION |
| COLLABORATOR NAME(S) *(Last, First, Middle)* | DEGREE(S) |
| IRB/IBC/IACUC APPROVAL  Type of APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_  APPROVAL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PENDING  TO BE SUBMITTED  Not applicable\*  \*If approval is not applicable, an exemption letter will be required before funding is released. | CITIZEN STATUS  U.S. CITIZEN OR NONCITIZEN NATIONAL  PERMANENT RESIDENT OF U.S. (attach notarized evidence) |
| Is this project part of a current pending submission for a federally funded grant?  YES  NO | |
| I certify that the proposal is complete and the above list includes all USC contributors to the proposed project.  YES  NO | |
| TELEPHONE: | EMAIL: |
| VERIFICATION OF APPLICANT ELIGIBILITY BY DEPARTMENT CHAIR *(Applicants must be within 6 years of their first independent research or faculty appointment, must be salaried faculty with appropriate committed research facilities, and may not have competitive national funding active at the start date of the proposed application)* | VERIFICATION OF BUDGET APPROVAL & COST SHARE SUPPORT BY DEPARTMENTAL BUSINESS MANAGER |
| DATE: | DATE: |
| SIGNATURE OF PRINCIPAL INVESTIGATOR  *(“Per” signature not acceptable)* | |
| DATE: | |
| Please check box if this application is a renewal. (Progress Reports must be submitted with renewal applications.) | |

**Abstract** (200 words or less):

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| Principal Investigator (Last, First, Middle): | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | | | | | | | | | FROM | | THROUGH | | |
| 04/01/18 | | 03/31/19 | | |
| PERSONNEL *(Applicant organization only)* | | | | Months Devoted to Project | | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | | ROLE ON PROJECT | | Cal.  Mnths | Acad.  Mnths | | Summer  Mnths | INST.BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | TOTAL |
|  | |  | |  |  | |  |  |  | |  | | |  |
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| SUBTOTALS | | | | | | | | |  | |  | | |  | |
| CONSULTANT COSTS | | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | | |  |
| DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | | | | | $ |  | |

**Budget Justification** *(continue on additional page):*

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| Principal Investigator/Program Director (Last, First, Middle): |  |
|  | |
| RESOURCES | |
| FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under “Other,” identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary. | |
| Laboratory: | |
| Clinical: | |
| Animal: | |
| Computer: | |
| Office: | |
| Other: | |
| MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each. | |