

**GRANT APPLICATION TO THE MISSOURI  
SPINAL CORD INJURIES RESEARCH PROGRAM**

1. *Title of Proposal:*

2. *Principal Investigator:*

*Position and Institution:*

*Mailing Address:*

*Telephone Number, Fax Number and E-mail Address:*

*Official Mailing Address of Institution:*

3. *Funding Period (month/year):* \_\_\_\_\_ *through* \_\_\_\_\_.

*Total Funding Requested:* \$\_\_\_\_\_.

4. *Technical Abstract (maximum 250 words):*

5. *Budget* (round to nearest dollar):

*Salary* for each person (give name or title; indicate the duration of salary support in months and, if applicable, the salary base on which the amount was calculated).

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Salaries \_\_\_\_\_

*Benefits* for each person (give name or title):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total benefits \_\_\_\_\_

*Equipment* (attach a page to justify each piece of equipment costing more than \$1,000) \_\_\_\_\_

*Supplies* (if more than \$1,000, attach a page itemizing supplies in separate categories, such as glassware, chemicals, radioisotopes, animal purchase, etc. \_\_\_\_\_

*Travel* (attach a page to justify travel expenses greater than \$1,000) \_\_\_\_\_

*Other expenses* (explain) \_\_\_\_\_

*Total Funding Requested* (overhead not allowed; maximum \$50,000) \_\_\_\_\_

6. *Name, title, address, telephone number, email address, and signature of institution official who's authorized to commit for your institution.*
7. *Is support for this project currently being sought elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list agency, title of proposal and total funding requested, and specify whether there are overlaps in the budget requests.*
8. *Is this project or related projects currently being supported from other sources? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list sources, titles of projects, duration of funding, and total funding per year.*
9. *List all other sources of support, pending or current, including federal (NIH, VA, NSF, etc.), foundation, industrial, or other. Give complete titles of all grants as well as total funding, yearly funding, funding for your salary, funding for your research, and inclusive funding dates.*
10. *Are human or animal subjects involved in this project? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, is a copy of the human/animal experimentation committee approval attached? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, give date of anticipated approval, at which time a copy of the approval will be forwarded. \_\_\_\_\_.*
11. *Will others consult or collaborate on this project? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach letters to you that state their agreement to do so.*

---

*Signature of Principal Investigator*

---

*Signature of Institution Official*

(Begin Research Proposal, Section I, on next page.)