

GRANT APPLICATION TO THE MISSOURI
SPINAL CORD INJURY/DISEASE RESEARCH PROGRAM (SCIDRP)

1. Proposal Title:

Submission Date: _____

New Revised

2.

Applicant Name:

Applicant Title:

Institution:

Department:

Applicant Mailing Address:

Telephone Number:

Email Address:

Official Mailing Address of

Institution:

3. Requested Funding Period (month/year): _____ through _____

Total Funding Requested: \$ _____

4. Technical Abstract (maximum 250 words)

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List of expenses must be for the funded research project only and not for other projects or for non-research expenses, including but not limited to such items as graduate student tuition and fees.

5a. BUDGET: Year ONE

Salary and fringe benefits for each person (give name, if known, and role on project; indicate % effort on project)

Name	Role	% Effort	Salary Requested	Fringe Benefits	Total

Total Salary/Benefits Requested: _____
 Equipment: _____
 Supplies: _____
 Travel: _____
 Other Expenses: _____
 Funding Requested (overhead NOT allowable): _____

5b. BUDGET: Year TWO (leave this section blank if you are requesting a one-year Research Grant)

Salary and fringe benefits for each person (give name, if known, and role on project; indicate % effort on project)

Name	Role	% Effort	Salary Requested	Fringe Benefits	Total

Total Salary/Benefits Requested: _____
 Equipment: _____
 Supplies: _____
 Travel: _____
 Other Expenses: _____
 Funding Requested (overhead NOT allowable): _____

5c. Total Funding Requested (overhead NOT allowable; maximum request is \$125,000 per year) _____

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Budget Justification: List total amounts (If additional space is required, please attach additional pages.)

Personnel \$

Equipment \$

Supplies \$

Travel \$

Other \$

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6. Name, title, address, telephone number, email address, and signature of institution official who is authorized to commit for your institution:

Name: _____ Title: _____
Address _____
Phone Number _____
Email Address _____

PLEASE NOTE: If additional space is required for Items 7-9, please attach additional pages.

7. If support for this project currently being sought elsewhere? Yes No

If yes, list agency, title of proposal, and total funding requested. Also, specify the degree and nature of the overlap of the Specific Aims for the SCIDRP proposal and applications to other agencies, and how the applicant will handle the situation if the SCIDRP proposal and other overlapping applications are both funded.

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. Also specify the degree and nature of the overlap of the Specific Aims for the SCIDRP proposal and the other sources, and how the applicant will handle this overlap situation if the SCIDRP proposal is funded.

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9. List all other sources of support, pending or current, including federal, foundation, industrial, local, or other. Give complete titles of all grants as well as total funding, yearly funding, funding for your salary, funding for your research, and including funding dates.

10. Are human or animal subjects involved in the project? Yes No
If yes, attach a copy of the human/animal experimentation committee approval if already approved.
If not already approved, give the date anticipated. Forward a copy once approved.

11. Will other consult or collaborate on this project? Yes No
If yes, attach a letters that state their agreement to do so.

Please note that all work must be performed in the state of Missouri.

12. List the names of as many as three (3) individuals who would be inappropriate for reviewing the proposal (e.g., competitors, unpublicized collaborators, etc.) Please explain very briefly why each of these persons is inappropriate.

Name	Brief Explanation

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Signature—Principal Applicant/Date

Signature—Institutional/Date

Typed Name

Typed Name

For subsequent pages, please attach Items A – F of Proposal
(see “Guidelines for Applications” at <http://www.umsystem.edu/fundingopps/scidrp/guidelines>)