

## IMR IN-HOUSE GRANT APPLICATION

PRINCIPAL INVESTIGATOR(S) (Last name, First name, M.I.)		DEGREE(S)	
EMAIL ADDRESS		TELEPHONE NO.	MAIL CODE
VA EMPLOYMENT STATUS			
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME ( ____ /8 time)	<input type="checkbox"/> WOC ____ HRS./WK	<input type="checkbox"/> CONSULTANT ____ HRS./WK
<input type="checkbox"/> CONTRACT ____ HRS./WK			
DATE ENTERED VA DUTY _____			
VA TITLE, HOSPITAL SERVICE AND SECTION			
UNIVERSITY APPOINTMENT: ACADEMIC RANK, DEPARTMENT AND SECTION			
PROJECT TITLE			
TOTAL FUNDING REQUESTED			
PROJECT USES:			
HUMAN SUBJECTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATIONAL DRUGS	<input type="checkbox"/> YES <input type="checkbox"/> NO
ANIMAL SUBJECTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATIONAL DEVICES	<input type="checkbox"/> YES <input type="checkbox"/> NO
		SOURCES OF RADIATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
		BIOHAZARDS	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE(S) OF PRINCIPAL INVESTIGATOR(S)		DATE	

REQUESTED FUNDS

PRINCIPAL INVESTIGATOR(S)			
TITLE OF PROGRAM/PROJECT			
PERSONNEL	ROLE IN PROGRAM	% EFFORT	REQUESTED FUNDS
		TOTAL	
CONSULTANT SERVICES			
EQUIPMENT (Justify all items on Page 4)			
			TOTAL
SUPPLIES (Itemize)			
			TOTAL
ALL OTHER EXPENSES (Itemize)			
			TOTAL
TOTAL OPERATING EXPENSES			

BUDGET JUSTIFICATION

NAME

JUSTIFICATION OF ITEMS ON PAGE 3

INVESTIGATOR'S BIOGRAPHIC SKETCH

NAME		
ROLE IN PROGRAM		
EDUCATION (Begin with Baccalaureate; include post-doctoral training; do not include Honorary Degree)		
NAME, LOCATION OF INSTITUTION	DEGREE	YEAR AWARDED

MAJOR RESEARCH INTEREST(S)

RESEARCH AND/OR PROFESSIONAL EXPERIENCE (Work backwards from present appointment)

HONORS AND AWARDS

INVESTIGATOR'S BIBLIOGRAPHY

NAME

PUBLICATIONS (Not to exceed two pages for each investigator, and do not include abstracts)

INVESTIGATOR'S TOTAL VA AND NON-VA RESEARCH SUPPORT (CURRENT AND PENDING)

NAME		TOTAL CURRENT \$					TOTAL FUTURE
AGENCY	GRANT NUMBER	% EFFORT	PERSONNEL	EQUIPMENT	ALL OTHER EXPENSES	TOTAL CURRENT YEAR	TOTAL PERIOD INCLUSIVE
VA							
ACTIVE NON-GOVERNMENT							
ACTIVE GOVERNMENT							
PENDING VA AND NON-VA							
TOTAL							