



PILOT GRANT APPLICATION 2017

Center for Autoimmune Diseases Research
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Minneapolis, MN 55455-2070
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**Completed applications must be received by 5:00 p.m.
CDT December 8, 2017**

Title of Application

Name and Title of Principal Investigator

Address of Principal Investigator

Phone Number

Email Address

Dates of proposed grant

Total funds requested

**ACCEPTANCE OF PILOT GRANT TERMS AND MEDIA RELEASE
AUTHORIZATION**

I agree to accept responsibility for the scientific conduct of the proposed research grant. Any research conducted under such a grant sponsored in whole or in part by the Center for Autoimmune Diseases Research will be conducted according to the rules and restrictions of the U.S. Department of Health and Human Services. If a grant is awarded, I agree to provide evidence of IRB and/or IACUC approval and required progress reports. I agree to hold the Center for Autoimmune Diseases Research harmless from any claims that may arise from such research.

Additionally, by submitting this signed application, I give my full consent and permission to the Center for Autoimmune Diseases Research to use, reprint, and reproduce any photographs, videotapes, audiotapes, or other recordings, written reports, materials, or applications that are made during the course of this research project, for use in any and/or all Center for Autoimmune Diseases Research publications, websites, electronic and digital media, publicity, advertising, and/or television use. All materials will remain the property of the Center for Autoimmune Diseases Research.

P.I. Signature

Date

ABSTRACT

SUMMARY IN LAY LANGUAGE

BUDGET

SALARIES				
Name	Position	% Effort	Salary Rate	Fringe
TOTAL				

EQUIPMENT

EXPENDABLE SUPPLIES

OTHER EXPENSES

TOTAL DIRECT COSTS

TOTAL GRANT REQUEST

BUDGET JUSTIFICATION

BIOGRAPHICAL SKETCH

BIOGRAPHICAL SKETCH

RESEARCH PLAN (Limit 2 Pages)

RESEARCH PLAN (Limit 2 Pages)