**PROJECT INFORMATION**

**Co-PIs & Other Key Personnel:** *(First name listed will be considered the contact person for the proposal.*)

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| --- | --- | --- | --- | --- |
|  | **Name** | **Academic Rank** | **Department** | **UFHCC Program** |
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**Please attach a current NIH Biosketch for all Co-PIs.**

**Project Title**

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**Does this project involve the use of human subjects or samples?**

**[ ] Yes** **[ ] No**

**If yes, is there an approved IRB protocol in place?**

**[ ] Yes [ ] No Protocol Number Approval Date:**

**Does this project involve the use of vertebrate animals?**

**[ ] Yes** **[ ] No**

**If yes, is there and approved IACUC protocol in place?**

**[ ] Yes [ ] No Protocol Number Approval Date:**

**Do you or any Co-Investigators on this proposal have pending projects for the same or similar research projects?**

**[ ] Yes** **[ ] No**

**If yes, list proposal information (include title, sponsor, project period, annual direct cost)**

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**RESEARCH PLAN**

**Specific Aims (up to 1 page)**

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**Research Strategy (2 pages Maximum)**

* ***Background & Significance***
* ***Experimental Design***

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**Bibliography & References Cited** (*no page limit*)

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**Response to Research Objectives & Impact Statement (up to 1 page)**

* **Multiple PI Plan**
* **Expected Outcomes & Plan for Future Funding**
* **Impact Statement**

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**BUDGET**

**Research Personnel**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Role on Project** | **Cal Months** | **Int. Base Salary** | **Salary Requested** | **Fringe Benefits** | **Total** |
|  | PI |  |  |  |  |  |
|  | Co-PI |  |  |  |  |  |
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| **Sub-Total** |  |  |  |
| **Research Supplies (Itemize by category)** |  |
| **Research Core Services** |  |
|  |
| **Total Direct Costs for Proposed Project** |  |

**Budget Justification** (*no page limit*)

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Please Submit Completed Application (including Biosketches) to

ResearchAdmin@cancer.ufl.edu