

2021 Downstate Health Sciences University Seed Grant Program application

Track 1 Track 2 (see descriptions in *Overview*)

Principle Investigator 1 (contact PI if multi-PI application)

Name _____ Title _____

College/School _____ Dept/Div _____

Principle Investigator 2 (if multi-PI application)

Name _____ Title _____

College/School _____ Dept/Div _____

*If more than two PIs, please create new entries in this location.

Proposal Title: _____

Approvals:. (If not yet approved, indicate date of submission and “pending approval”.):

IACUC protocol # and approval or submission date (if applicable) _____

IRB protocol # and approval or submission date (if applicable) _____

IBC protocol # and approval or submission date (if applicable) _____

Facilities:

Please indicate the room location(s) in which the research will be performed: _____

Is the space suitable for the proposed research? Yes No

If no, please explain the plan to make it suitable: _____

CTSC space required?

If yes, please confirm that CTSC has agreed *in writing* to host the study. _____