

## 2022 Downstate Health Sciences University Seed Grant Program Application Form

Track 1      Track 2      Track 3      (see descriptions in *Overview*)

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

Name \_\_\_\_\_ Title \_\_\_\_\_

College/School \_\_\_\_\_ Dept/Div \_\_\_\_\_

ESI:      Yes                      No

*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”, if applicable):

IACUC protocol # and approval or submission date \_\_\_\_\_

IRB protocol # and approval or submission date \_\_\_\_\_

IBC protocol # and approval or submission date \_\_\_\_\_

*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. \_\_\_\_\_