**Momentum Center Pilot and Feasibility Funding Program**

Application Cover Sheet

Spring 2017

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title:** | | |  | | | | | | | | | | | | | | | | | | |
| **Principal Investigator:** | | |  | | | | | | | | | | | | | | | | | | |
| **PI’s Home Department:** | | |  | | | | | | | | | | | | | | | | | | |
| **Faculty Mentor (if PI is a post-doc):** | | | | | | | | | |  | | | | | | | | | | | |
| **Faculty Mentor’s Home Department:** | | | | | | | | | |  | | | | | | | | | | | |
| **Total Amount of Funding Requested:** | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Study Team:**  List all study team members below | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Role on Project** | | | | | | | | **Primary Department** | | | | | | |
|  | | | | | |  | | |  | | | | | |  | | | |  | | |
|  | | | | | |  | | |  | | | | | |  | | | |  | | |
|  | | | | | |  | | |  | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Have the PI and study team members previously collaborated on externally funded research?** | | | | | | | | | | | | | | | | | | | | | |
|  | Yes |  | |  | | | | No | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Potential Reviewers:**  Please list the names and contact information of 3 University of Michigan experts who could serve as potential reviewers of your project. | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Title & Department** | | | | | | | | **Email Address** | | | | | | |
|  | | | | | |  | | |  | | | | | |  | | | |  | | |
|  | | | | | |  | | |  | | | | | |  | | | |  | | |
|  | | | | | |  | | |  | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Does this project require the use of human subjects?** | | | | | | | | | | | |  | Yes | | |  | | No | | | |
| If Yes, has approval been obtained yet? | | | | | | | | | | | |  | Yes | | |  | | No | | | |
| If Yes, what is the HUM#? \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | |
| **Does this project require the use of animals?** | | | | | | | | | | |  | | | Yes | | |  | No | | | |
| If Yes, has approval been obtained yet? | | | | | | | | | | |  | | | Yes | | |  | No | | | |
| If Yes, what is the UCUCA#? \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| ------------------------------------------------------------------------------------------------------------------------------------------------------ | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | |
| **The applicant agrees to accept responsibility for the scientific and technical conduct of the research project and agrees to all terms and conditions of this Momentum Center pilot and feasibility grant if awarded funding.** | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | |  | | | | | | | | | | | | | | | Date: |  |
| Signature of Faculty Mentor: (if PI is a post-doc) | | | | |  | | | | | | | | | | | | | | | Date |  |