**Institute for TRANSLATIONAL Neuroscience**

**RESEARCH proposal**

Is this a continuation of a current or prior US Army/DoD-funded project? Yes  No

*If yes, complete Section 5 of proposal, Progress Report from Prior Competitive Segment.*

**ORGANIZATION INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name: |  | | | DUNS: |  |
|  | | | | | |
| Department: |  | Division: | |  | |
|  | | | | | |
| Street: |  | | | | |
|  | | | | |
|  | | | | | |
| City: |  | State: |  | ZIP: |  |
|  | | | | | |
| County: |  | Congressional District: | | |  |

|  |  |
| --- | --- |
| **EMPLOYER IDENTIFICATION *(EIN OR TIN):*** |  |

|  |  |
| --- | --- |
| **PROPOSAL TITLE:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROPOSED PROJECT PERIOD** | Start: | 2/1/15 | End: |  |

**DIRECTOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Middle Name: | |  | |
|  | | | | | |
| Last Name: |  | Degree(s): | |  | |
|  | | | | | |
| Position / Title: |  | | | | |
|  | | | | | |
| Street: |  | | | | |
|  | | | | |
|  | | | | | |
| City: |  | State: |  | ZIP: |  |
|  | | | | | |
| Phone Number: |  | Fax Number: | |  | |
|  | | | | | |
| Email Address: |  | | | | |

**PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prefix: |  | First Name: | |  | |
|  | | | | | |
| Middle Name: |  | Last Name: | |  | |
|  | | | | | |
| Position Title: |  | | | | |
|  | | | | | |
| Organization: |  | | | | |
|  | | | | | |
| Department: |  | Division: | |  | |
|  | | | | | |
| Street: |  | | | | |
|  | | | | |
|  | | | | | |
| City: |  | State: |  | ZIP: |  |
|  | | | | | |
| Phone Number: |  | Fax Number: | |  | |
|  | | | | | |
| Email: |  | | | | |

**Institute for Molecular Neuroscience**

**RESEARCH proposal**

**REQUESTED PROJECT FUNDING**

|  |  |
| --- | --- |
| Total Direct Costs Requested: | $ |
| Total Indirect Costs Requested: | $ |
| Total Funds Requested: | $ |

**AUTHORIZED REPRESENTATIVE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prefix: |  | First Name: | |  | |
|  | | | | | |
| Middle Name: |  | Last Name: | |  | |
|  | | | | | |
| Position / Title: |  | | | | |
|  |  | | | | |
| Organization: |  | | | | |
|  |  | | | | |
| Department: |  | Division: | |  | |
|  | | | | | |
| Street: |  | | | | |
|  | | | | |
|  | | | | | |
| City: |  | State: |  | ZIP: |  |
|  | | | | | |
| Phone Number: |  | Fax Number: | |  | |
|  | | | | | |
| Email Address: |  | | | | |

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also promise to provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Authorized Representative** |  | **Date Signed** |

**Institute for Molecular Neuroscience**

**RESEARCH proposal**

**proposal abstract**

*DO NOT INCLUDE PROPRIETARY INFORMATION.*

|  |  |  |  |
| --- | --- | --- | --- |
| **ABSTRACT** *(Do not exceed space provided.)* | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **KEYWORDS** (6 to 8) | | | |
|  | | | |
| Keyword 1: |  | Keyword 2: |  |
| Keyword 3: |  | Keyword 4: |  |
| Keyword 5: |  | Keyword 6: |  |
| Keyword 7: |  | Keyword 8: |  |

**Institute for Molecular Neuroscience**

**RESEARCH proposal**

|  |  |  |
| --- | --- | --- |
| **FACILITIES, OTHER RESOURCES, & EQUIPMENT**  *Complete separate form for each component.* | | |
|  | | |
| Project Component (if applicable): | |  |
|  | | |

**Laboratory**

**Clinical**

**Animal**

**Computer**

**Administration**

**Equipment**