**Institute for TRANSLATIONAL Neuroscience**

**US Army/Department of Defense – CDMRP**

**Preproposal**

Submit completed form via email by 5:00 p.m. (PST) on September 1, 2015 to:

Jennifer Mitchell

jennifer.mitchell@ucsf.edu

*Use font size 11 or larger. do not exceed 7 pages.*

**Principal Investigator**

|  |  |
| --- | --- |
| Name: Click here to enter text.Degree(s): Facility Name: Click here to enter text. |  |
| Degree(s): |  |
| Organization: |  |
| Street Address: |  |
|  |
| City, State, ZIP: |  |
| Email: |  |
| Phone Number: |  |
| Fax: |  |

**Co-Investigators**

|  |  |
| --- | --- |
| Name: |  |
| Degree(s): |  |
| Organization: |  |
|  |
| Name: |  |
| Degree(s): |  |
| Organization: |  |
|  |
| Name: |  |
| Degree(s): |  |
| Organization: |  |
|  |
| Name: |  |
| Degree(s): |  |
| Organization: |  |

**Organization**

|  |  |
| --- | --- |
| Organization: |  |
| Street Address: |  |
|  |  |
| City, State, ZIP: |  |
| Organization Type: |  |
| Organization Point of Contact (POC): |  |
| POC Email: |  |
| POC Phone Number: |  |
| POC Fax: |  |

**Proposal Title** *DO NOT EXCEED SPACE PROVIDED*

|  |  |
| --- | --- |
| Proposal Title: |  |

Does this project have a clinical focus? Yes [x]  No [ ]

**Keywords** *(6 to 8)*

|  |  |  |  |
| --- | --- | --- | --- |
| Keyword 1: |  | Keyword 2: |  |
| Keyword 3: |  | Keyword 4: |  |
| Keyword 5: |  | Keyword 6: |  |
| Keyword 7: |  | Keyword 8: |  |

**Abstract / Problem to be Studied (***DO NOT EXCEED SPACE PROVIDED)*

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**Significance and/or Uniqueness of the Proposed Effort** *(DO NOT EXCEED SPACE PROVIDED)*

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**The Potential Military Relevance** *(DO NOT EXCEED SPACE PROVIDED)*

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|  |  |
| --- | --- |
| **Duration of Project to be Studied:** | 2/1/15 –  |
|  |  |
| **Estimated Total Cost of Project:** | $ |

**Key Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Role** | **Effort** |
|  |  |  | % |
|  |  |  | % |
|  |  |  | % |
|  |  |  | % |
|  |  |  | % |
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|  |  |  | % |

**Major Capital Equipment / Subcontracts Exceeding $10,000**

|  |  |
| --- | --- |
| **Item or Organization** | **Estimated Total Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**Brief Description of Animal and/or Human Use** *(DO NOT EXCEED SPACE PROVIDED)*

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|  |

­­­­­­­­­­­­­­­­­­­­­­**Conclusions** *(DO NOT EXCEED SPACE PROVIDED)*

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**Relevant Publications** *(DO NOT EXCEED SPACE PROVIDED)*

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**Brief Curriculum Vitae for Key Personnel** *(DO NOT EXCEED SPACE PROVIDED)*

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**Brief Curriculum Vitae for Key Personnel, Continued** *(DO NOT EXCEED SPACE PROVIDED)*

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