

**APPLICATION FOR DEPARTMENT OF MEDICINE PILOT GRANT AWARD**

Proposal Information		
<b>Title:</b>		
<b>Principal Investigator:</b>		
Email:		
Department:		
<b>Co-PI, if any:</b>		
Email:		
Department:		
<b>Period of Performance:</b>	Start:	End:
<b>Amount Requested:</b>		

Approvals		
<b>Human Subjects (Y/N):</b>	<b>Vertebrate Animals(Y/N):</b>	<b>Recombinant DNA(Y/N):</b>
<b>If yes, IRB review status:</b>	<b>If yes, IACUC review status:</b>	<b>If yes, IBC review status:</b>
Approved	Approved	Approved
Pending	Pending	Pending
Not yet submitted	Not yet submitted	Not yet submitted

**PI ASSURANCE:** I certify that the statements herein are true and accurate to the best of my knowledge and that the research proposal reflects original work by myself and has not been submitted to other funding sources by students, trainees, or junior faculty under my direct supervision. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to disciplinary action according to the bylaws of the College of Medicine and/or University of Vermont. I agree and accept responsibility for the scientific conduct of the project and to provide the required progress reports if the grant is awarded.

**Signatures:**

**Principal Investigator:** \_\_\_\_\_

**Unit Director:** \_\_\_\_\_