

UW Eye Research Institute
Rapid Response Grant Application



Applicant Name: _____

*Please note that all Principal Investigators **must** be members of the Eye Research Institute. Collaborators are not required to be members.*

Title: _____

Department: _____

Office Address: _____

Email: _____ Phone: _____

Project Title: _____

Collaborator name(s) and department(s):

Brief abstract of project in lay language (250 words or fewer):

Checklist:

- _____ Completed application signed by applicant and department chair
- _____ Compliance form
- _____ NIH biosketch (2-4 pages) or brief CV (3 page limit) for Principal Investigator **AND** ALL COLLABORATORS

Signature of Principal Investigator: _____
(Name)

Signature of PI's department chair: _____
(Name)

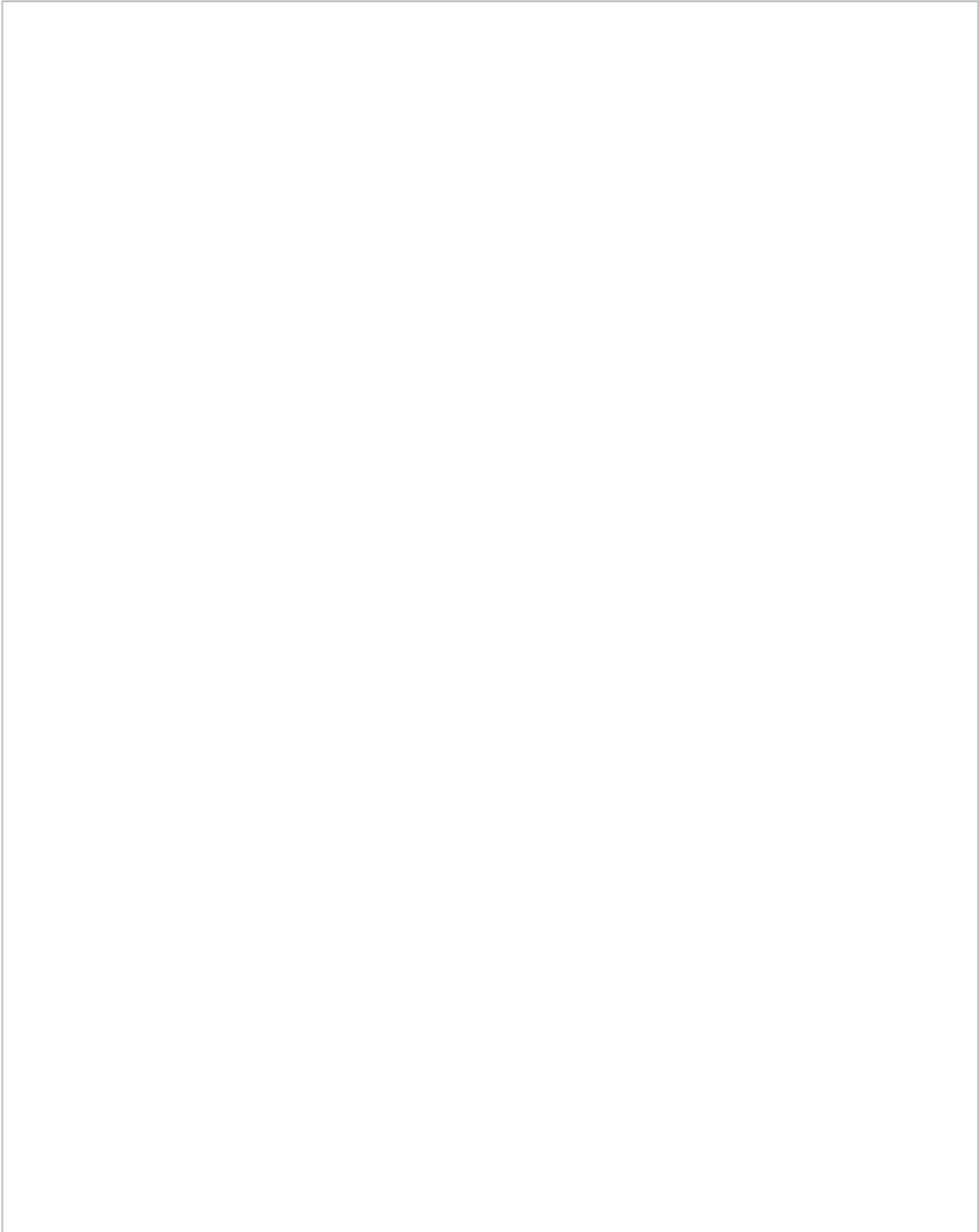
1. **Research Proposal:** Describe the **background, specific aims** to be achieved, **preliminary results** that have inspired this research and the **methods/rationale** for the project. Clearly describe the role of each of the collaborators. Proposal is limited to 3 pages (this page plus two others); 11 point font minimum. Text must remain within margins provided.

Research Proposal continued --

PI Name: _____

Research Proposal continued --

PI Name: _____



2. How does this project fit within the mission or vision of the Eye Research Institute?

3. List your current grant awards (agency, title, amount, period of award):

4. Pending proposals:

5. Please list other support (endowed chairs, start-up funds, gift funds through UW Foundation) which provides funding for your research/teaching endeavors:

6. Please list any current or prior support from the Eye Research Institute. (Not applicable for the Fall 2008 application cycle.)

7. Budget

Enter % time as a decimal (i.e., 20% should be entered as .2)

Academic and Classified Staff, Post-doctoral fellows/trainees, Student hourlyies

Name	Title	Project period (Mo/yr - Mo/yr)	% time on grant	Requested salary with fringes
TOTAL				

Research and Project Assistants (who receive tuition remission)

Name	Title	% time on grant	Tuition remission	Requested salary with fringes
TOTAL				

Item	Brief description/justification	Cost
Office/lab supplies		
Animal care		
Equipment/Computers		
Capital equipment*		
Other (describe)		
TOTAL		

* Capital items must be purchased through normal UW Purchasing processes. Evidence of bids or other supporting materials will be required before funds are released to awardee.

GRAND TOTAL	
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COMPLIANCE FORM

Your signature on the face page attests to your compliance with the following items:

Human Subjects

- This application DOES NOT propose any activities that involve human beings, require personal data from primary or secondary sources, or use human materials.
- This application DOES propose to involve human subjects, materials, or data and is pending review or will be reviewed by the appropriate UW IRB (or Western IRB) prior to the initiation of this project. No funds will be provided until documentation is received by the Eye Research Institute.
- This application DOES propose activities involving human subjects, materials, or data and has been reviewed and approved by the appropriate UW IRB (or Western IRB):
Approval date: _____ Protocol #: _____
Protocol Title: _____
Principal Investigator: _____

Animal Subjects

- This application DOES NOT propose any activities that involve animals or animal tissue.
- This application DOES propose to involve animals or animal tissue and is pending review or will be reviewed by the appropriate Animal Care Committee prior to the initiation of this project. No funds will be provided until documentation is received by the Eye Research Institute.
- This application DOES propose activities involving animals or animal tissue and has been reviewed and approved by the appropriate Animal Care Committee:
Approval date: _____ Protocol #: _____
Protocol Title: _____
Principal Investigator: _____

Use of Biological Materials

- This application DOES NOT involve the use of biological materials.
- This application DOES involve the use of biological materials and covers research not previously submitted to the Madison Campus Biological Safety Committee. I am therefore sending a copy of the required protocol to the Office of Biological Safety (OBS).
- This application DOES involve the use of biological materials. An application involving the same research has previously been submitted to the Madison Campus Biological Safety Committee as noted below:
Submission date: _____ SC #: _____
Principal Investigator: _____
Investigators will be responsible for advising OBS of this new project, if funded.