

# New Collaborative Pilot Study Program (NCPSP)

**Title of Project:**

**Dates of Project Period:**

**Total Funds Requested from NCPSP:**  
\$ \_\_\_\_\_ Direct Costs

**Principal Investigator (PI)**

Name: (Last, First, Middle)

Degree(s):

Title:

Mailing Address:

Applicant Organization:

Department:

Division:

E-mail Address:

Phone Number:

**Grant Administrator  
Contact Name:**

**Grant Administrator  
Phone Number:**

**Grant Administrator E-mail Address:**

**Human Subjects:**     Yes     No

Approval Date: \_\_\_\_\_  Pending

IRB Approval #: \_\_\_\_\_

Exempt:     Yes     No

Federal Wide Assurance No. \_\_\_\_\_

**Vertebrate Animals:**     Yes     No

Approval Date: \_\_\_\_\_  Pending

IACUC Approval #: \_\_\_\_\_

Animal Welfare Assurance No. \_\_\_\_\_

**As PI of this project:**

I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with the policies of the sponsoring organization, and to provide progress reports in a timely manner.

**As Co-I of this Project:**

I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with the policies of the sponsoring organization, and to provide progress reports in a timely manner.

WUSM Investigator Signature:

X \_\_\_\_\_

Date:

SIUSM Investigator Signature:

X \_\_\_\_\_

Date:

Principal Investigator (Last, First, Middle):

ABSTRACT (150 words or less):

Summarize the LIKELIHOOD FOR EXTERNAL FUNDING for this project based upon anticipated results, or note if N/A:

Principal Investigator (Last, First, Middle):

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**KEY PERSONNEL:**

**Start with the Washington University and Southern Illinois University partner PI(s).** List all other key personnel in alphabetical order, last name first.

Name	Organization and Department	Role on Project
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**OTHER SIGNIFICANT CONTRIBUTORS:**

Name	Organization and Department	Role on Project
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**PROJECT PERFORMANCE SITES(s):**

Principal Investigator (Last, First, Middle):

<b>REVIEWER SUMMARY BUDGET FOR BUDGET PERIOD DIRECT COSTS ONLY</b>				FROM	THROUGH	
PERSONNEL		%		DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	EFFORT ON PROJ.	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator					
<b>SUBTOTALS</b> →						
CONSULTANT COSTS						
EQUIPMENT <i>(Itemize)</i>						
SUPPLIES <i>(Itemize by category)</i>						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
CONSORTIUM COSTS						
OTHER EXPENSES <i>(Itemize by category)</i>						
<b>TOTAL DIRECT COSTS</b>						\$