|  |  |
| --- | --- |
| **Submitting Institution/Organization:** | **Grant Title:** |

|  |  |
| --- | --- |
| Principal Investigator: | Official Authorized to Sign for Grant Submissions: |
| Email Address: | Email Address: |
| Work Telephone Number: | Work Telephone Number: |
| Mailing Address: | Mailing Address: |
| Delivery Address: | Delivery Address: |

Check if either of the following approvals of your project, if funded, will be required: Review and approval, if required, must be obtained by the grant award date of July 1, 2024. Please note that for applicants applying for two-year grant awards, approvals are still required by the grant award date of the first year even if the project will not involve human subjects or animals until Year 2 of the grant.

|  |  |
| --- | --- |
| Institutional Animal Care and Use Committee | Institutional Review Board |

Check if there is or will be any conflict of interest or potential conflict of interest with the proposed CHRB project for any Key Project Team Member: If Yes, please explain in Attachment 2: Budget Rationale.

|  |  |
| --- | --- |
| Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year for which funds requested** | **CHRB Funds Requested** | **Matching Funds** | **Matching Funds as of % of CHRB Funds** | **Total Project Funds** |
| **Year 1: 2024.2025** | $100,000 | $33,000 | 33% | $133,000 |
| **Year 2: 2025.2026** | $100,000 | $33,000 | 33% | $133,000 |
| **Total** | $200,000 | $66,000 |  | $266,000 |

**Project Summary**: (no more than 250 words. The summary should be written so a lay audience can understand it.)