Applications must be typewritten (i.e. not handwritten) and completed in full and require the signature of the Department Chair.

All questions should be answered. If a question does not apply to you, type "NOT APPLICABLE." Incomplete applications will be returned to the applicant.

Project descriptions should be written in general terms and comprehensible to non-experts in your field.

Submit the completed application to mnull@ucsd.edu, including supporting documents as 1 file in PDF format.

Please sign page 1 of the application.

If your research project involves the use of human subjects (including the use of questionnaires, interviews, body fluids, and tissues), approval from the Human Subjects Committee must be obtained before it can be initiated. Application forms and assistance in filling them out are available in the Human Subjects Committee Office.

If your research project involves the use of animal subjects, approval from the Animal Subjects Committee must be obtained before it can be initiated. Animal Use Protocol forms and assistance in filling them out are available in the Animal Subjects Committee Office.

If your research project includes recombinant DNA research or biohazards, University policy requires that you have project approval from the Biosafety Committee.

If radioactive materials are going to be used, you must receive approval from the Environmental Health and Safety Office. Applications are available from the EH&S Office.

Please be aware when submitting this application that funds awarded by the Research Grant Committee must be expended one year from the inception date of the grant.

NOTE: Inadequate responses to questions will invariably lead to delay in review.
Date ____________________

NOTE: Applications must be typewritten (i.e. not handwritten) and completed in full. Submit the completed application to mnull@ucsd.edu, including supporting documents as 1 file in PDF format.

Name of Investigator(s) ____________________ Title ____________________ Mail Code ____________
Department ____________________ Email ____________________ Ext. ____________
Funds to be Used (from) ____________________ (to) ____________________
Department Fund Manager: ____________________ Email ____________________ Ext. ____________
Fund Manager Mail Code: ____________________ Dept or Div Organization No.: ________________
Research is: [ ] New [ ] Continuing
Title of Project______________________________

Budget: ____________________ (Funds must be expended one year from inception date of the grant.)

GRADUATE STUDENT RESEARCHER (GSR): (Sub 0) (half-time rate)

Name of Student ____________________
Degree Status: [ ] Masters [ ] Ph.D.
[ ] Other (please specify): ____________________
Duties ___________________________________________
Rate of Pay $ ____________ Step ______%time ________ $ ____________________

GSR TUITION REMISSION (include benefits): (Sub 6)
Benefits: ____________________ $ ____________________ (Total-Salary & GSRT)
Quarters Applicable: [ ] Summer [ ] Fall [ ] Winter [ ] Spring $ ____________

GENERAL ASSISTANCE: (Sub 1 or 2) (lab assistants, work study, programmers, clerical, etc.)

Title ____________________
Duties ___________________________________________
Rate of Pay $ ____________________ (Total-Assistance)
Benefits (if applicable) rate: _________% $ ____________________ $ ____________

SUPPLIES AND EXPENSE: (Sub 3)
Expendable Supplies. Itemize: ____________________
__________________________________________
__________________________________________
__________________________________________ (Total-S&E) $ ____________

PERMANENT EQUIPMENT (NONRECURRENT): (Sub 4) Itemize:
(vendor price quotation required)
__________________________________________ (Total-Equipment)
$ ____________

TRAVEL: (Sub 5)
Field Expense (library study, museums, microfilm and photostats, etc.)
Itemize: ____________________
Travel to: ____________________ $ ____________
(Economy airfare quotation required; no first or business class rates)
Per diem: $ ________/day for ________days (max of 15 days – no exceptions) (UC approved per diem rates) $ ____________ (Total-Travel) $ ____________
Other Expenses. Itemize: ____________________
__________________________________________
__________________________________________
__________________________________________ $ ____________

TOTAL REQUEST $ ____________

Signature of Applicant ____________________
Signature of Department Chair ____________________
1. Describe the project in detail, including: (1) a precise statement of the problem and key objectives, (2) the relation of this work to other research in the field, (3) the plans of the procedures, (4) what kind of publication or creative contribution you would expect to result, and (5) justification for ALL budget items is required indicating your priority for the items requested if only partial support can be granted. [Only 2 additional pages, single-spaced and typewritten, may be added].

2. Do you have discretionary funds that might be applicable to this project? __________________________________________

3. Does this project involve the use of human subjects (including the use of questionnaires, interviews, body fluids, and tissues?)
   [ ] Yes   [ ] No
   If so, approval from the Human Subjects Committee must be obtained and a copy of the approval letter must be submitted.
   No ____________ Date ____________

4. Does this project involve the use of animal subjects? [ ] Yes   [ ] No
   If so, approval from the Animal Subjects Committee must be obtained and a copy of the approval letter must be submitted.
   No. _____________ Date ____________

5. Does this project include recombinant DNA research or biohazards? [ ] Yes   [ ] No
   If so, it must be reviewed by the Biosafety Committee and it is the responsibility of the applicant to provide a copy of the proper authorization form required by Environmental Health and Safety.

6. Does this project involve the use of radioactive materials? [ ] Yes   [ ] No
   If so, it must be approved by the Environmental Health and Safety. Please provide the RUA No. ___________

7. List research grants received from the Academic Senate in the past 5 years:

   __________________________________________

8. Future support will be influenced by successful use of previous funds. If you have received an Academic Senate grant in the past, indicate the title of the project and describe the progress made. Please provide evidence that the monies received resulted in tangible benefits to your research (e.g., list of publications, citations, new extramural support, and specific performances).

9. Submit an abbreviated c.v. listing your publications covering the last three years, as well as earlier most important papers – maximum two (2) pages.

10. Have you applied to extramural funding agents in support of this particular research project?
    [ ] Yes - Please give details, including name of agency, amount of grant applied for, and expected date of grant announcement.

    [ ] No – Please explain why you have not applied.

11. Give a list of (a) and (b) below irrespective of the relationship to the work proposed here. In each case, indicate how the grant or application is not related to this application.

    a. **Current:** all other grants or contracts (extra- or intra-mural, including start-up funds). Give title, source, amount and funding period presently funding your work.

    b. **Pending:** All extra- or intra-mural research grant or contract applications pending (title, source, amount, and funding period).