UCDAVIS
OFFICE OF RESEARCH

INTERNAL RESEARCH FUNDING PROGRAMS – APPLICATION FORM

INSTRUCTIONS: See Program Guidelines for Details
Principal Investigator Bridge Program: http://www.research.ucdavis.edu/pgc/fo/d/BridgeProgramGuidelines.pdf
Publication Assistance Program: http://www.research.ucdavis.edu/pgc/fo/d/publication-assistance-fund-guidelines
All Others: http://www.research.ucdavis.edu/pgc/fo/d/matching-funds-program

Submit this form to the Office of Research with additional required documents as necessary.
Email *(preferred)*: ORBusiness@ucdavis.edu
Mail: Office of Research, Attn: Business & Finance, 1850 Research Park Drive, Suite 300, Davis, CA 95618

FUNDING PROGRAM REQUESTED: (*Please check one)*

☐ Equipment Match ☐ Cost Sharing ☐ Multidisciplinary Proposal Support ☐ Basic Research Grants
☐ Principal Investigator Bridge Program ☐ Publication Assistance Fund

NOTE: *Additional internal research funding programs are administered by the Academic Senate Committee on Research*
http://academicsenate.ucdavis.edu/grants_awards/index.html

PRINCIPAL INVESTIGATOR AND CAMPUS ADMINISTRATIVE INFORMATION:

Name: _____ Title: _____ E-mail: _____ Phone: _____
PRINCIPAL INVESTIGATOR

Name: _____ Title: _____ E-mail: _____ Phone: _____
CO-PRINCIPAL INVESTIGATOR

Name: _____ Title: _____ E-mail: _____ Phone: _____
CO-PRINCIPAL INVESTIGATOR

Administrative Unit: _____ Contact name: _____
E-mail: _____ Phone: _____
School/College: _____

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School/College: _____

PROJECT INFORMATION: *(Complete all fields applicable to requested funding program)*

Title of Project: _____
Total amount of project: $ _____ Published mandatory cost sharing %: _____ Mandatory cost sharing: $ _____
Sponsor/Agency: _____
Program Announcement or RFP solicitation name and #: _____
Date due to sponsor: _____ Anticipated project begin date: _____
Duration of time funding is required: _____

Revised 2/2014

COST SHARING TO BE PROVIDED BY OTHERS: *(When applicable)*

Specify School, College, Division, Research Unit, 3rd Party, or other

$ In-kind or contributed effort: (specify):

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NOTE: *If cost sharing is to be provided by School/College, Research Unit, or third parties, each must provide a letter of support.* ***For the PI Bridge Program, Dean's signature is sufficient to confirm support from that School/College.***

Department fund source: _____

Dean's Office fund source (if applicable): _____

Please contact ORBusiness@ucdavis.edu for funding source questions

COMPLETE IF REQUESTING MATCHING FUNDS:

If funding is requested for renovation of an existing facility or a new facility check here ☐ and please describe:

Project Summary/Justification: *(See specific program guidelines for additional required information)*

List of equipment and cost: *(Required for Equipment Match)*

SIGNATURES OF APPROVAL

Principal Investigator: _____ Name _____ Signature Date: _____

Department Chair: _____ Name _____ Signature Date: _____

Dean: _____ Name _____ Signature Date: _____