

**Internal Research Funding Programs – APPLICATION FORM**

***INSTRUCTIONS:*** See Program Guidelines for Details

Principal Investigator Bridge Program: <http://research.ucdavis.edu/wp-content/uploads/BridgeProgramGuidelines.pdf>

Publication Assistance Program: <http://research.ucdavis.edu/wp-content/uploads/PubAssistanceGuidelines.pdf>

All Others: <http://research.ucdavis.edu/wp-content/uploads/MatchFundsProgramGuidelines-revised-02.2012.pdf>

Submit this form to the Office of Research with additional required documents as necessary.

**Email *(preferred)*:** [ORBusiness@ucdavis.edu](mailto:ORBusiness@ucdavis.edu)

**Mail:** Office of Research, Attn: Business & Finance, 1850 Research Park Drive, Davis, CA 95618

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| **FUNDING PROGRAM REQUESTED: (*Please check one)*** | | | | | | | | | | | | | | | | |
| Equipment Match  Cost Sharing  Multidisciplinary Proposal Support  Basic Research Grants  PI 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: | | |  | | | | | |  | | | | | | | |
| Administrative Unit: | | |  | | | | | | Contact name: | | |  | | | | |
| E-mail: | |  | | | | | | | Phone: | | |  | | | | |
| 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 bridge funding is required: | | | | | |  | | | | | | | | | | |

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| --- | --- | --- |
| **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): |
|  | $ | In-kind or contributed effort: (specify): |
|  | $ | In-kind or contributed effort: (specify): |
| ***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.*** | | |

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| Department fund source: |  |
| Dean's Office fund source (if applicable): |  |

***Please contact*** [***ORBusiness@ucdavis.edu***](mailto:ORBusiness@ucdavis.edu) ***for funding source questions***

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| ***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: |  |  |  | Date: |  |
|  | Name |  | Signature |  |  |
| Department Chair: |  |  |  | Date: |  |
|  | Name |  | Signature |  |  |
| Dean: |  |  |  | Date: |  |
|  | Name |  | Signature |  |  |