

INTERNAL RESEARCH FUNDING PROGRAMS – APPLICATION FORM

INSTRUCTIONS: See Program Guidelines for Details

Principal Investigator Bridge Program: <http://www.research.ucdavis.edu/pgc/fo/df/BridgeProgramGuidelines.pdf>

Publication Assistance Program: <http://www.research.ucdavis.edu/pgc/fo/df/publication-assistance-fund-guidelines>

All Others: <http://www.research.ucdavis.edu/pgc/fo/df/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: _____

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 funding is required: _____

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.*

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: _____ Date: _____
Name Signature

Department Chair: _____ Date: _____
Name Signature

Dean: _____ Date: _____
Name Signature