



BRAIN-STIM: the UC Davis Grand Challenge Initiative in Brain Science

COVER SHEET FOR PROPOSAL SUBMISSION TO OFFICE OF RESEARCH

<b>PROJECT LEADER NAME &amp; CONTACT INFORMATION</b> Name: Title: Department Affiliation: Telephone Number:	
<b>TITLE OF PROPOSAL</b> (up to 30 words)	
<b>PROPOSED DURATION</b> (months 1-24)	
<b>REQUESTED STARTING DATE</b> (mm/dd/yy) (no earlier than March 13, 2015)	
<b>PROJECT LEADER SIGNATURE</b>  Signed:  Date:  Email:	
<b>OTHER UC DAVIS FACULTY SIGNATURE(S)</b>	
A. email: Name:	Signature:
B. email: Name:	Signature:
C. email: Name:	Signature:
D. email: Name:	Signature:
E. email: Name:	Signature:
F. email: Name:	Signature:

Add additional Lines/Pages as needed

Signatures above confirm that the named investigators have agreed to participate in this BRAIN-STIM Project and that information provided in the proposal is correct to the best of their knowledge.