



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

### COVER SHEET FOR PROPOSAL SUBMISSION TO OFFICE OF RESEARCH

**PROJECT LEADER NAME & CONTACT INFORMATION**

Name:

Title:

Department Affiliation:

Telephone Number:

**TITLE OF PROPOSAL** (up to 30 words)**PROPOSED DURATION** (months 1-24)**REQUESTED STARTING DATE** (mm/dd/yy)

(no earlier than March 13, 2015)

**PROJECT LEADER SIGNATURE**

Signed:

Date:

Email:

**OTHER UC DAVIS FACULTY SIGNATURE(S)**

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.

Campus BRAIN-STIM