**central funding request – APPLICATION FORM**

***INSTRUCTIONS:*** See Program Guidelines for Details: <https://research.ucdavis.edu/about-us/news-center/announcements/guidance/>

Submit this form, the Employee and Contribution Spreadsheet, and a copy of your current grant budget **ONLY IF YOU CANNOT MEET THE MINIMUM LOCAL SHARE REQUIREMENT ($5,000)** via email to Denise Ehlen in the Office of Research, demhlen@ucdavis.edu with CENTRAL FUND REQUESST in the subject of your email.

**I. INVEGTIGATOR INFORMATION**

*Each employee supervisor (Principal Investigator or Co-Investigator) should submit an application to request central funds for the employee(s) reporting to them. List all PI controlled accounts—even if you are not using these funds to support the increases in salary/benefit costs.*

|  |  |  |
| --- | --- | --- |
| ***Investigator Name*** | ***Title*** | ***Phone*** |
|  |  |
| ***Department / ORU / Center / Institute***  | ***Email*** |
|  |  |  |
| ***List all PI Controlled Account Names*** | ***PI Controlled Account / Fund Source*** | ***PI Controlled Account Balance*** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**II. DEPARTMENT / ORU / CENTER / INSTITUTE**

*Provide details for the Department / ORU / Center / Institute accountable for administering the grant.*

|  |  |  |
| --- | --- | --- |
| ***Administrative Contact / MSO Name*** | ***Email*** | ***Phone*** |
|  |  |  |
| ***Department / ORU / Center / Institute***  | ***Email*** |
|  |  |

**III. COLLEGE/SCHOOL/UNIT ADMINISTRATIVE INFORMATION**

|  |  |  |
| --- | --- | --- |
| ***Dean Name*** | ***Email*** | ***Phone*** |
|  |  |  |
| ***School / College / Unit*** |
|  |
| ***Assistant Dean / COO Name*** | ***Email*** | ***Phone*** |
|  |  |  |

**IV. GRANT INFORMATION**

*Complete all fields applicable to the request grant or contract to which the employee(s) is/are charged.*

|  |
| --- |
| ***Project Title*** |
|  |
| ***Sponsor/Agency*** | ***Cayuse #*** | ***KFS Account #*** |
|  |  |  |
| ***Program Announcement or RFP Solicitation Name*** | ***Program Announcement or RFP Solicitation #*** |
|  |  |
| ***Start Date*** | ***End Date*** | ***Total Direct Costs*** | ***Total Indirect Costs*** |
|  |  |  |  |
| ***Published Mandatory Cost Share %*** | ***Voluntary Cost Share %*** |
|  |  |

**V. EMPLOYEE AND CONTRIBUTION SUMMARY**

*Complete the Employee and Contribution Summary spreadsheet and include it with the Application Form and a copy of your grant budget.*

|  |  |  |
| --- | --- | --- |
| 1. ***Did you attempt to re-budget to address the changes in salary/benefit costs?***
 | ***YES*** | ***NO*** |
|  |  |
| ***Describe how re-budgeting was used or why re-budgeting was not possible in the space below or attach one additional page.***  |
|  |

|  |  |  |
| --- | --- | --- |
| 1. ***Did you make other adjustments to address the change in salary/benefit costs?***
 | ***YES*** | ***NO*** |
|  |  |
| ***Describe the adjustments made or why adjustments were not possible in the space below or attach one additional page.***  |
|  |

|  |
| --- |
| ***C. Please provide any additional information about or justification for why the PI and/or School/College/Unit cannot contribute $2,500 each for the increased employee costs during the program period. Provide additional information or a Justification in the space below or attach one additional page.***  |
|  |

**VI. INVESTIGATOR APPLICATION CERTIFICATION**

*Signing below signifies confirmation of the accuracy of the need described in this application and a commitment to the employee funding as described in the Employee and Contribution Summary spreadsheet.*

|  |  |  |
| --- | --- | --- |
|  ***Name*** | ***Signature*** | ***Date*** |
|  |  |  |

**VII. COLLEGE/SCHOOL/UNIT FUNDING VERIFICATION**

*Signing below signifies verification of funding need, a commitment to the employee funding as described in the Employee and Contribution Summary spreadsheet, and approval of the application package for submission for consideration for central funding.*

|  |  |  |
| --- | --- | --- |
| ***Assistant Dean / COO Name*** | ***Signature*** | ***Date*** |
|  |  |  |