**SIU System Collaborative Grant Application**

**Submission Deadline: Friday, August 28, 2020, 4 p.m.**

**Instructions:** All of the requested information must be supplied. Electronic submission is required in one, collated pdf file with all documents in the order detailed on the Application Checklist. Send electronic submission to Kristi Katcher at kkatcher@siumed.edu.

By signing this application, PIs attest to having obtained prior authorization from all responsible Department Chairs, including authorization for faculty and staff effort and cost sharing. PIs further attest that all personnel who are included in this proposal are knowledgeable about the application and have expressly agreed to participate as described.

**SIU SCHOOL OF MEDICINE PRINCIPAL INVESTIGATOR**

|  |  |  |
| --- | --- | --- |
| *Typed Name:* | *Department:* | *Signature:* |

|  |  |
| --- | --- |
| *Phone:* | *Email:* |

**SIU EDWARDSVILLE PRINCIPAL INVESTIGATOR**

|  |  |  |
| --- | --- | --- |
| *Typed Name:* | *Department:* | *Signature:* |

|  |  |
| --- | --- |
| *Phone:* | *Email:* |

**SIU CARBONDALE PRINCIPAL INVESTIGATOR**

|  |  |  |
| --- | --- | --- |
| *Typed Name:* | *Department:* | *Signature:* |

|  |  |
| --- | --- |
| *Phone:* | *Email:* |

**PROJECT/PROPOSAL TITLE**

|  |
| --- |
|  |

**OTHER CO-INVESTIGATORS** (Add additional sheet if necessary.)

|  |  |  |
| --- | --- | --- |
| **Name** | **Campus** | **Department** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TOTAL BUDGET PER CAMPUS** | **SIU SOM** |  | **SIUE** |  | **SIUC** |  |

**NECESSARY APPROVALS (check appropriate boxes)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SIU School of Medicine** | **SIU Edwardsville** | **SIU Carbondale** |
| IRB | [ ]  YES | [ ]  NO | [ ]  PENDING | [ ]  YES | [ ]  NO | [ ]  PENDING | [ ]  YES | [ ]  NO | [ ]  PENDING |
| LACUC/IACUC | [ ]  YES | [ ]  NO | [ ]  PENDING | [ ]  YES | [ ]  NO | [ ]  PENDING | [ ]  YES | [ ]  NO | [ ]  PENDING |

**ELIGIBILITY ATTESTATIONS BY PI AND CO-PI** **(check appropriate boxes)**

|  |  |
| --- | --- |
| [ ]  | We attest that we have adhered to all application requirements (page limits, font size, etc.) |
| [ ]  | We attest that this is the only SSG application we are submitting as PI or Co-PI. |

4/9/20