Barry and Judy Silverman College of Pharmacy
NOVA SOUTHEASTERN UNIVERSITY | NSU Florida

DEAN'S RESEARCH GRANT APPLICATION

Department: _____

Research Proposal Title: _____

Start Date: _____ End Date _____

Principle Investigator: _____

Title of Principle Investigator: _____

E-Mail: _____

Office Phone(s): _____

Mobile Phone(s): _____

Requested Funding Amount: _____

Research Safety Assurance Letter of Approval and/or Exemption Checklist. Please attach the necessary documentation for each of the categories as appropriate and check the entries for which documentation is attached.

☐Institutional Review Board (IRB)

☐Institutional Biosafety Committee (IBC)

☐Institutional Animal Care & Use Committee (IACUC)

☐Radiation Safety Commission (RSC)

☐Embryonic Stem Cell Research Oversight Committee (ESCRO)

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TOC

The Silverman COP Research Committee requires a complete research proposal accompanied with the requisite Research Assurance Compliance checklist (see cover page) and corresponding supporting documentation. Complete the application and submit by email to Bryanna Suarez (bs1189@nova.edu) and Peter Gannett (pgannett@nova.edu). The Chair of the Silverman COP Research Committee will notify you by email about the Committee's decision.

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Signature Page

Name	Date	Position
Print Name		Faculty Advisor (if Applicable)
Signature	Date	
Print Name		Department Chair
Signature	Date	
Print Name		Dean's Designee for Research
Signature	Date	
Print Name		Dean
Signature	Date	

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Principal Investigator Assurance

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I certify that individuals or NSU entities named herein are aware of their planned or potential involvement. I agree to accept responsibility for the scientific conduct of the project.

Print Name

Signature

Date

Abstract

Brief Background and Goal/Research Question:

Specific Aims:

Significance:

Innovation:

Research Plan:

Expected Results:

Specific Aims

Background

Significance

Innovation

Approach

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Bibliography and References Cited

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DRG Budget Worksheet

INSTRUCTIONS: For any item you need for your research, please use this budget template.

PROJECT TITLE	

Start Date:		End Date:	
	Name	College	Email Address
PI			
Co-PI			
Type of Research Project	☐Basic ☐Applied		

Account Code	Acct Code Description	Item Description	Qty	Unit Price	Total Amount
DRG Request Total:					

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Publication Plan

Resources and Environment

1. **Consortium / Contractual Agreement**
   Insert description here or N/A if not applicable

2. **Consultants / Collaborators** (Describe the relationship and attach letters of agreement with key consultants and collaborators. Please attach letters of commitment from named consultants and co-investigators.)
   Insert description here or N/A if not applicable

3. **Major Equipment** (List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.)
   Insert description here or N/A if not applicable

4. **Laboratory Space**
   Insert description here or N/A if not applicable

5. **Clinical Space**
   Insert description here or N/A if not applicable

6. **Fixed Clinical Equipment**
   Insert description here or N/A if not applicable

7. **Other Relevant Equipment**
   Insert description here or N/A if not applicable

Project Timeline

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Leadership Plan