***Cover Sheet – Flash Grant Program***

**Project Title ●**

**Principal Investigator Name ●**

**Institution Name ●**

**Does this project require IRB or IACUC protocols? [ ]  IRB [ ]  IACUC [ ]  Neither**

**Name and Address of location where project will be conducted ●**

**Amount requested from the North Carolina Biotechnology Center**

 $ (Maximum request: $20,000)

**Is this a resubmitted proposal?** **[ ]  NO [ ]  YES**

# Public Information Summary

**Maximum 50 words or less:** Summary of project for an educated lay audience, not for scientific peers

(do an abstract):

# Required Signatures

**[1] By my signature, I certify that I have read, understand and agree to the conditions stated in the Application Instructions:**

Principal Investigator

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator email address and telephone number:

**[2] By my signature, I certify that I am authorized to approve and sign off on proposals for the Institution and thereby authorize the submission of this proposal:**

Authorized Official Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Official Name and Title:

Authorized Official mailing address and email address: