**Flash Grant**

**Cover Sheet**

**FY2023**

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| **Project Information** |

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| --- | --- |
| **Principal Investigator (PI):** |  |

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| --- | --- |
| **Project Title:** |  |

|  |  |
| --- | --- |
| **Name of Institution:** |  |

|  |  |
| --- | --- |
| **Address where project** **will be conducted:** |  |

 Street Address City State Zip Code

**Is this proposal a resubmission?** [ ]  Yes [ ]  No

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

|  |
| --- |
| **Budget Information** |

**$**       **Total amount requested for internship supplement** (maximum of $7,500 for non-R1 universities)

**$**       **Total amount requested for project costs** (maximum of $20,000)

**$**       **Total amount requested from the North Carolina Biotechnology Center (maximum of $27,500)**

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| **Required Signatures and Certifications** |

**Principal Investigator (PI) Signature and Certification Statement:**

By my signature, I certify that I have read, understand and agree to the conditions stated in the Application Instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  |  Date:  |  |
| **Telephone Number:** |  |  Email:  |  |

**Sponsored Programs Officer/Authorized Official Signature and Certification Statement:**

By my signature, I certify that I am authorized to approve and sign off on proposals for the Organization/Institution and thereby authorize the submission of this proposal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  |  Date:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed Name:** |  |  Title:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone Number:** |  |  Email:  |  |