**Translational Research Grant (TRG)**

**Cover Sheet**

**FY2023 Cycle 2**

**Both pages of the coversheet must be filled out and signed by the appropriate personnel.**

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| **Project Information** |

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

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

|  |  |
| --- | --- |
| **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 for University - Controlled Costs** |

**Does this proposal request project management services from RTI?** [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| **If the proposal *DOES* utilize RTI project management services, please certify the costs below:** |  | **If the proposal *DOES NOT* utilize RTI project management services, please certify the costs below:** |
| **$**      **Total amount requested for university-controlled project costs** (maximum of $100,000 – does not include the project management costs paid to RTI)**$**      **Total amount requested for project management costs from RTI** (maximum of $10,000)**$**      **Total amount requested for project** (maximum of $110,000)**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:** |   |

 |  | **$**      **Total amount requested for university-controlled project costs** (maximum of $110,000)**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:** |   |

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

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| **Printed Name:** |  |

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

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| **Telephone Number:** |   |

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| **Email:** |   |

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| **Total Budget Information and PI Required Signature** |

**$**      **Total amount requested from the North Carolina Biotechnology Center (maximum of $110,000) for all costs**

**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.

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