**Cover Sheet: Translational Research Grant (TRG) Program**

**Project Title ●**

**Principal Investigator ●**

**Institution ●**

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

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

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

**Public Information Summary**

**Maximum 50 words or less:** Brief summary of project for an educated lay audience, indicating the importance to the citizens of NC.

$      Amount requested from NCBiotech (may not request more than $100,000 plus optional project manager supplement for a maximum of $110,000 (see guidelines for details.)

Amount available from other sources (equipment cash match only, if applicable): University: $

**Required Signatures**

**Principal Investigator:**

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**:

**Sponsored Programs Office:**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUST include printed **Name and Title of the Authorized Official:**

Must include **Authorized Official’s** **Email Address and Telephone Number:**