**Cover Sheet**

**Innovation Impact Grant (IIG) Program**

**Project Title ●**

**Principal Investigator ●**

**Core Facility Name ●**

**Institution ●**

**Does the proposed research have potential for Intellectual Property in the form of a patent, trademark**

**or copyright? [ ]  Yes [ ]  No**

 **If yes. I have notified my Office of Technology Transfer. [ ]  Yes [ ]  No**

**Address where Core Facility is located ●**

**Public Information Summary**

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

$ Amount requested from the North Carolina Biotechnology Center

**(may not request more than $200,000)**

$ Amount available from other sources (required match: minimum 20% of total cost; see guidelines for details)

Principal Investigator **Email Address and Telephone Number:**

**Complete the following:**

[ ]  I have listed the existing core facility on the NC Biotechnology Center’s Core Facilities webpage.

[ ]  I will list the new core facility, if funded, on the NC Biotechnology Center’s Core Facilities webpage.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Official’s Name and Title:**

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