



**Cognitive Neuroscience of Development & Aging (CoNDA) Center**

**CoNDA Center Core Usage Voucher Program**

**Application for Core Services**

Consult with CoNDA Core Director(s) to obtain review/signature(s) before submission. Email completed and signed application with your NIH Biosketch to kpanas@unmc.edu **by 5PM CST on Monday, February 5th, 2024.**

<b>Principal Investigator:</b>			
<b>Professional Title:</b>			
<b>Affiliation:</b>			
<b>Email/Phone #:</b>			
<b>Project Title:</b>			
<b>IACUC Approval # &amp; Date:</b>			
<b>IRB Approval # &amp; Date:</b>			
<b>Project Dates (all vouchers have a one-year duration):</b>			
	<b>Start Date:</b>		<b>End Date:</b>
<b>Cost of CoNDA Center Core Services Required:</b>	<b>Core</b>		<b>Cost (\$)</b>
	TIBA: Animal Behavior		
	TIBA: Intravital Imaging		
	TIBA: Small Animal MRI		
	Neuroimaging: MRI		
Neuroimaging: MEG			
<b>Total Voucher Amount (Not to Exceed \$5000; Can request in \$1000 increments).</b>			
<b>Funding Overlap (Does this Project overlap with an existing award?)</b>			
	Yes		No
<b>Overlap Project Title, Award #, Award Type, Award Duration, Funding Agency:</b>			
<b>Signatures:</b>			
PI Name (Last, First, Middle Initial)		Date	
Core Director Name (Last, First)		Date	
Core Director Name (Last, First)		Date	
Core Director Name (Last, First)		Date	
Core Director Name (Last, First)		Date	

**Budget for CoNDA Center Core Usage Voucher Program**

<b>CoNDA Center Core</b>	<b>Core Service Description</b>	<b>Billing Rate (\$)</b>	<b>Number of Usages Requested</b>	<b>Total Funding (\$)</b>
TIBA: Animal Behavior				
TIBA: Intravital Imaging				
TIBA: Small Animal MRI				
Neuroimaging: MRI				
Neuroimaging: MEG				
Total	(Not to exceed \$5000; Request in \$1000 increments)			

## **Project Description**

*Provide a 1-page description to explain the study design and the need for core usage. Voucher Application must describe how the results generated will be utilized to support new research proposals.*

### **Background & Significance:**

### **Aims:**

### **Study Design:**

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
 Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**