



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, September 5, 2025.

Principal Investigator:			
Professional Title:			
Affiliation:			
Email/Phone #:			
Project Title:			
IACUC/IRB Approval Status:		Submitted Pending Approved	
IACUC/IRB Approval # & Date:			
Project Dates (all vouchers have a one-year duration):		Start Date:	End Date:
Cost of CoNDA Center Core Services Required:	Core		Cost (\$)
	TIBA: Animal Behavior		
	TIBA: In-Vivo Imaging		
	TIBA: Small Animal MRI		
	Neuroimaging: MRI		
	Neuroimaging: MEG		
Total Voucher Amount (Not to Exceed \$5000; Can request in \$1000 increments).			
Funding Overlap (Does this Project overlap with an existing award?)		Yes	No
Overlap Project Title, Award #, Award Type, Award Duration, Funding Agency:			
Signatures:			
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				
CoNDA Center Core	Core Service Description	Billing Rate (\$)	Number of Usages Requested	Total Funding (\$)
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 (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement**B. Positions, Scientific Appointments, and Honors****C. Contributions to Science**