



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, June 24th, 2024.**

| | | | |
|--|--------------------------|------|-----------|
| Principal Investigator: | | | |
| Professional Title: | | | |
| Affiliation: | | | |
| Email/Phone #: | | | |
| Project Title: | | | |
| IACUC Approval # & Date: | | | |
| 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: Intravital 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