

University of Nebraska Medical Center

## Grant Application

1. TITLE OF PROJECT (*Do not exceed 81 characters, including spaces and punctuation.*)

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION  NO  YES

The Otis Glebe Medical Research Foundation Program 2015

### 3. PRINCIPAL INVESTIGATOR

3a. NAME (Last, first, middle)

3b. DEGREE(S)

3c. POSITION TITLE

3f. TELEPHONE (*Area code, number and extension*)

3d. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

3e. MAJOR SUBDIVISION

3g. E-MAIL ADDRESS:

4. HUMAN SUBJECTS RESEARCH

No  Yes

4a. Research Exempt

No  Yes

If "Yes," Exemption No.

5. VERTEBRATE ANIMALS  No  Yes

6. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT

Total Costs (\$)

7. PI CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge and accept the obligation to comply with Otis Glebe Medical Research Foundation terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.