**Applications for Vouchers for Core Facilities**

The Center for Neurosensory Systems, a Center for Biomedical Research Excellence (COBRE) is soliciting applications for vouchers to be used to access core facilities and stimulate new research directions. Applications can request up to $5,000 to fund projects in one of the core facilities supported by the COBRE:

Genomics, including DNA and RNA Sequencing

(<https://www.unmc.edu/vcr/cores/vcr-cores/dna-sequencing/index.html>)

Mouse Genome Engineering

(<https://www.unmc.edu/vcr/cores/vcr-cores/mgec/index.html>),

Tissue Science Facility

(<https://www.unmc.edu/pathology/research/facilities/tsf/index.html>)

Integrated Biomedical Imaging Facility

<http://medschool.creighton.edu/medicine/departments/biomedicalsciences/research/technologyequipment/integratedbiomedicalimagingfacility/>

Auditory Physiology

(<https://www.boystownhospital.org/research/molecularstudies/Pages/DevelopmentalAuditoryPhysiology.aspx> ).

Faculty members from UNMC, Creighton University, or Boys Town National Research Hospital may apply. The funds cannot be used to replace costs included in existing grants, and proposals must indicate how the results will be used to support new grant applications. The application form is attached. All applications must also be signed by the core director to indicate that the protocol has been reviewed.

Applications will be reviewed monthly, and can be received by the following dates:

March 8, 2017

April 5, 2017

May 3, 2017

June 7, 2017

Funds must be expended by August 30th, 2017.

We anticipate funding 6-7 vouchers.

For additional information please contact:

Shelley D. Smith, Ph.D.

402-559-5314

[shelley.smith@unmc.edu](mailto:shelley.smith@unmc.edu)

**Request for NCNS Core Usage Funding**

Submit document pdf to NCNS to Jerrie Dayton [[jdayton@unmc.edu](mailto:jdayton@unmc.edu)]

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| --- | --- | --- | --- |
| **Date Submitted** |  | | |
| **Principal Investigator** |  | **Phone #:** |  |
| **Institution/School/Department** |  | | |
| **Relevant Co-Investigator(s) Name/Institution/School/Dept.** |  | | |
| **Project Title:** |  | | |

|  |  |  |
| --- | --- | --- |
| **IACUC Approval # (animal use):** |  | **Date of current approval:** |
| **IBC Approval #:** |  | |
| **Project Period in which core services are needed:** |  | |
| **NCNS Core(s) to be used:** |  | |
| **Project Title:** |  | |

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| --- | --- | --- | --- |
| **Are there additional supplies required for performance of service**  **Yes**  **No** | | | **If yes, please provide a budget and justification** |
| **Are the funds for this service included in any other budget for this research work  Yes  No** | | | |
| **If No:** | **Unfunded pilot data** | | |
| **Assessment added after funding award** | | |
| **Award had insufficient funding to meet aims of the study** | | |
| **Other (specify)** |  | |
| **If Yes:** | **Requested funding cut by funding agency** | | |
| **Other (specify)** |  | |

**NOTE: VOUCHER REQUESTS MUST BE REVIEWED BY THE APPLICABLE CORE DIRECTOR FOR VIABILITY AND SIGNED BY THAT CORE DIRECTOR PRIOR TO SUBMISSION.**

**Please provide the following:**

Current NIH Biosketch

Current Funded Grant Abstracts

Supplies requested in association with the service

**PI Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Core Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget Details**

Complete the information for the Core services you are proposing to utilize for your study. If the Core sent documentation to you regarding pricing, please submit it with your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Core Service** | **# of Services** | **Billing Rate($)** | **Total Funding ($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Core-associated Supplies** | **# of Units** | **Cost/Unit ($)** | **Total Cost ($)** |
|  |  |  |  |
|  |  |  |  |

(*Not to exceed $5,000*) **Total Request: $** \_\_\_\_\_\_\_\_

**Budget Justification:**

**PI Request Justification (not to exceed 2 pages)**

|  |
| --- |
| 1. **Funding Overlap** 2. **What other funding is currently available for this project? If funding exists, explain why additional funding is needed and project specifics regarding funding source (i.e., internal, external, agency name, agency #, etc).**      1. **Have you previously received NCNS funding for this same project?**  **Yes**  **No If yes, please explain** |
| 1. **How will this NCNS subsidized service help you obtain external funding?** |
| 1. **Provide a brief description of the project, including applicability of the core service(s) requested and the research and/or translational relevance.** |