 **Office of Vice-Chair for Clinical Research**

 **Department of Medicine**

This form should be used as a cover sheet when submitting an application for Department of Medicine Seed Funding (DSF). Please submit all documents to: Potte117@msu.edu

**Principal/Lead Investigator:**

**Project Title:**

**E-mail (Lead PI): Telephone (Lead PI):**

**Proposed MSU Collaborators:**

**Name Role Department**

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The following items should be submitted with this coversheet:

□ Abstract (not to exceed 500 words)

□ Project summary (maximum two pages)

□ Detailed Budget

□ NIH-style Biosketch for all investigators

Does your project require additional:

□ Equipment □ Space

If yes, please specify:

Do you currently hold a Seed Funding Grant from DOM?

□ Yes □ No

If yes, please indicate the progress of the grant as well as the amount of funding remaining. Provide evidence of application for larger, internal/external funding

Have you been awarded a Seed Funding Grant from DOM previously?

□ Yes □ No

If yes, please indicate below any applications for larger funding as a result of the previous Seed Grant, as well as the outcome of the applications. If there are no applications for larger funding, please detail why.