

Oklahoma Tobacco Research Center Seed Grant Program

Research Award Application Form

1. TITLE OF PROJECT _____	
2. PRINCIPAL INVESTIGATOR Name (Last, First, MI): _____ Mailing Address: _____ Telephone Number: _____ E-mail: _____ Signature: _____ Date: _____	
3. DATES OF ENTIRE PROPOSED PROJECT PERIOD From: _____ To: _____	4. TOTAL PROJECT COST _____
5. HUMAN SUBJECTS: Submitted to IRB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Approved by IRB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Not Applicable	
6. ANIMAL SUBJECTS: Submitted to IRB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Approved by IRB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Not Applicable	
7. APPLICANT ACADEMIC TITLE AND INSTITUTION _____	
8. BUSINESS OFFICE CONTACT Name (Last, First, MI): _____ Mailing Address: _____ Telephone Number: _____ E-mail: _____	
9. OFFICIAL SIGNING FOR APPLICANT INSTITUTION Name (Last, First, MI): _____ Mailing Address: _____ Telephone Number: _____ E-mail: _____ Signature: _____ Date: _____	
Note: OUHSC - Investigators do not need institutional signature on application.	