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|-----------------------|--------|---------|------------------|
| d. Type of submission | New    | Renewal | Amendment        |
| e. Type of research   | Animal | Human   | Other (describe) |

**Section 2: Funding information**

- a. Type of funding:
- |                               |                                                    |
|-------------------------------|----------------------------------------------------|
| Federal grant (e.g. NIH, DOD) | Other non-profit grant (e.g. AAO, Fight for Sight) |
| PI discretionary funds        | Request for SIVR funding                           |
| Industry: sponsor initiated   | Industry: investigator initiated                   |
| Other (list)                  |                                                    |
- b. Name of funding agency
- c. Type of grant (e.g., R01, K23, New Investigator Award)
- d. Total project period (MM/YY - MM/YY)
- e. Funds requested
- |                          |             |          |                         |
|--------------------------|-------------|----------|-------------------------|
| i. Year one: Direct \$   | Indirect \$ | Total \$ |                         |
| ii. All years: Direct \$ | Indirect \$ | Total \$ | N/A<br>(1 year or less) |
- f. F&A Rate

**Section 3: Shared resources**

- a. Will additional space or institutional resources be required?      No      Yes (describe below)
- b. Will any additional equipment be borrowed or donated?      No      Yes (complete below)
- i. Will any be borrowed from the college (UEC, CVRC, other labs)? Indicate name and location below.



**Section 5: Animal subjects research information**

- a. Please attach NIH style budget page ( <https://grants.nih.gov/grants/funding/phs398/fp4.pdf> )
- b. Species
  
- c. Strain(s)
  
  
- d. Number of animals for each species/strain

**Section 6: Human subjects research information**

- a. Population
  - i. Number of subjects to be enrolled:
  
  
  - ii. Will minors (under age 18) be enrolled? No Yes
  - iii. Study entry criteria (inclusion/exclusion)

- b. Procedures and treatment
  - i. Tests/equipment to be used

ii. Describe any clinical treatments to be provided, or indicate not applicable N/A

iii. If participants or third parties will be billed, describe below, or indicate not applicable N/A

iv. If participants will be randomized describe below, or indicate not applicable N/A

c. Location (check all that apply)      Personal lab space      CVRC      Other (describe below)

d. Visits (describe number, duration and schedule below)

e. Recruitment (check all that apply)      SUNY students/faculty/staff      UEC patients      External

f. Budget details

i. Principal Investigator

ii. Other investigators

iii. Coordinator

iv. Subject costs

Amount

Method

Cash

Greenphire

Other (describe below)

v. Start up/closeout/admin costs

vi. Advertising costs

vii. Other costs (supplies, travel, publication, etc.)

g. Other/Notes

**Section 7: Certification**

a. I certify that the information provided in this form is accurate and complete and that I will abide by federal, state, College, and, Research Foundation guidelines and regulations while conducting this research.

PI

Date

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**Administrative use only**

Study classification:    Survey                      Observational                      Clinical trial                      Other (describe)

Notes:

RAF #:

Approval date:

Signature: