

03.08.2023

SG Funding Application

Date of Submission: _____

Type of Funding Requested:

- Medical Student (Maximum \$5000.00)
- OBGYN Resident (Maximum \$5000.00)
- Any faculty, resident, fellow, medical student, or graduate student (Maximum \$15000.00)

	Name	Title	Email	Phone Contact
Principal Investigator				
Faculty Sponsor (Indicate N/A if Not Applicable)				

Study Title:

Background, Relevance, and Importance (100 words or less):

Attach as necessary

Principal Objective:

Project Description (Please attach and address the following areas):

Feasibility:
Recruitment Plan (If applicable):
Resource Utilization Plan:
Statistical Analysis Plan:
Other information:

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Proposed Start Date: _____

Anticipated Study Conclusion Date: _____

Co-investigators: _____

Proposed Budget

Budget: (Outline below and *attach documentation*)

Attach specific anticipation plan for use of funds *in order to conduct the project*. Include total anticipated expenditures:

Other funding sources for this project: (Sources and amounts- attach if needed)

Funding Sources	Amounts

Details (Attachment if as necessary)

03.08.2023

IRB:

Attach copy of IRB submission, IRB approval if approval completed, Institutional Animal Care and Use Committee documentation, Institutional Biosafety Committee documentation and or any other applicable required approval documentation. If IRB exempt, include exemption notice and/or justify. IRB approval or exemption status/explanation required for grant award.

Attestation:

I attest that that I will follow all applicable University of Toledo guidelines pertaining to funding of this project. I will submit updates yearly, as requested, and if significant changes in funding requirements anticipated. I also will report any unanticipated closure of the study and when the study is completed and closed. I agree to comply with all applicable regulations governing this research. I agree to supply a yearly (or otherwise, if requested) research update including accounting of expenses attributed to the project. If requested, I agree to report research at yearly WHRC meeting. I also will report any unanticipated closure of the study and when the study is completed and closed.

Principle Investigator

Date

Faculty Advisor (Unless N/A)

Date