**FORM 2- FACE PAGE**

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| Nebraska Department of Health and Human Services**Stem Cell Research Grant Application**Follow Instructions Carefully | Leave Blank for Department of Health and Human Services |
| 1. Title of Project (**Do not exceed 50 characters**, including spaces and punctuation.)
 |
| 1. Principal Investigator Name (Last, first, middle)
 | 2a. Degree(s) |
| 2b. Position Title | 2c. Mailing Address of PI (Organization, street, city, state, zip)Organization:Street Address:City, State, Zip: |
| 2d. Department, Service, Laboratory or Equivalent |
| 2e. Major Subdivision |
| 2f. PI Contact Numbers (Area code, number and extension)Telephone::Fax:E-mail Address: | 2g. New Application Revised Application (This application replaces a priorUnfunded version of the new competing application# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). |
| 1. Human Subjects

 If Yes, IRB approval or exemption date (attach copy) No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Vertebrate Animals (IACUC)

 If Yes, Review Board approval date (attach copy) No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Recombinant DNA (IBC)

 If Yes, Review Board approval date (attach copy) No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 1. Proposed Project Period: July 1, 2023 – June 30, 2024

 Total Direct Costs Requested:  |
| 1. Administrative official to be notified if award is made

Name:Title:Address:Telephone:Fax:E-mail Address: | 1. Name of Official Signing for Applicant Organization

Name:Title:Address:Telephone:Fax:E-mail Address: |
| 1. Principal Investigator/Program Director Assurance:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports, if a grant is awarded as a result of this application. | Signature of person named in 2. (In ink. "Per" signature not acceptable.) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Application Organization, Certification and Acceptance:

I certify that the above statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with Department regulations and conditions if a grant is awarded as a result of this application. | Signature of person named in 8. (In ink. "Per" signature not acceptable.) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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