**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 prior  Unfunded 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, 2025 – June 30, 2026   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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Face Page - 1 Date: