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| --- | --- | --- | --- | --- | --- | --- |
| **Type of Grant:** | C3 Training Grant Award | | | | |  |
| **Principal Investigator (PI):** | |  | | | | |
| **Institution:** | |  | | | | |
| **Project Title:** | |  | | | | |
| **Proposed Grant Period:** | | July 1, 2024—June 30, 2025 | | | | |
| **PI Faculty Position:** | |  | | | | |
| **PI Contact Information:** | | **Mailing Address:** | | | **E-mail Address:** | |
| **Telephone Number:** | |
| **Principal Investigator and Institutional Assurances** | | | | | | |
| **Human Subjects:**  **No**  **Yes** | | | **Human Subjects Assurance #:** | | | |
| **IRB Status and Date:** | | | |
| **IRB approval is required as a contingency of payment.** | | | | | | |
| **Vertebrate Animals:**  **No**  **Yes** | | | **Animal Welfare Assurance #:** | | | |
| **IACUC Status and Date:** | | | |
| **Recombinant DNA:**  **No**  **Yes** | | | **Biohazards:**  **No**  **Yes** | | | |
| **IBC Status and Date:** | | | |
| **Grantee must provide copies of rDNA and/or IBC approvals upon request.** | | | | | | |
| **Invention Disclosures/Patents?** | | | **No** | **Yes, all relevant invention disclosure and/or patent information is included in this Renewal application.** | | |
| **Assurance Statement:** We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge agree to conform to the regulations, policies, and objectives of C3 Research concerning this type of research project. | | | | | | |

**Principal Investigator’s Signature / Date**

**Mentor’s Name / Date**

Mentor’s Name:

**Authorized Institutional Official’s (AIO) Signature / Date**

AIO’s Name:

Title:

Email & Telephone: