

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Grant:** | **Cure CF Columbus Training Grant Phase II** | | | **C3 Account #:** | | *(Office use only)* |
| **Principal Investigator (PI):** | |  | | | | |
| **Institution:** | |  | | | | |
| **Project Title:** | |  | | | | |
| **Proposed Grant Period:** | |  | | | | |
| **PI Faculty Position:** | |  | | | | |
| **PI & Mentor Contact Information:** | | **Mailing Address:** | | | **E-mail Address:** | |
| **Telephone Number:** | |
| **Principal Investigator and Institutional Assurances** | | | | | | |
| **Human Subjects:**  **No**  **Yes**  **Biohazards:**  **No**  **Yes** | | | **Vertebrate Animals:**  **No**  **Yes** | | | |
|  | | | |
| **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**

**Sponsor’s Signature (if applicable) / Date**

Sponsor’s Name:

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

AIO’s Name:

Title:

Email & Telephone: