TEXASMRC PROGRAM
PROPOSAL APPLICATION FORM FOR 2014

1. **PROJECT TITLE**: _____

2. **LEAD PRINCIPAL INVESTIGATOR**: _____

2a. TexasMRC Institution: _____
2b. Current Academic or Medical Title (Rank): _____
2c. Department: _____
2d. Email: _____
2e. Phone # _____

3. **CO- INVESTIGATOR**: _____
3a. TexasMRC Institution: _____
3b. Current Academic or Medical Title (Rank): _____
3c. Department: _____
3d. Email: _____

4. **CO- INVESTIGATOR**: _____
4a. TexasMRC Institution: _____
4b. Current Academic or Medical Title (Rank): _____
4c. Department: _____
4d. Email: _____

This application must be clear, readily legible and conform to: 1) height of letters not smaller than 11 point; 2) type density no more than 15 characters per inch; and 3) no more than 6 lines of type within a vertical inch. Relevant Appendix items may be attached but should be kept to a minimum. You may add list of additional co-Investigators if needed for your proposal. The application must include the Proposal Application Form (2 pages) along with detailed budget pages and no more than 5 pages for the program description.

SUMMARY

Provide a summary of the project and its significance in language that can be readily understood by persons in disciplines other than yours (DO NOT EXCEED THE SPACE PROVIDED). **Note that you must include specific project milestones for Technology/Research Development on the next page of this application.**

******PLEASE NOTE******
Proposals granting "First Option Intellectual Property (IP) Rights" to a corporate partner will be eliminated from funding consideration.

You may be entitled to know what information a Texas state governmental body collects concerning you. If your information is submitted to a Texas state governmental body, upon request you may review and have that governmental body correct this information according to procedures set forth in its policies and procedures manual. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

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Expected Research Outcomes (include expected dates or time frames) for Technology/Research Development
(include as many items as needed, but must include; (1) a mid-year progress report to each investigator's Office of Technology Transfer or equivalent; (2) a closeout (final) report to each investigator's Sponsored Projects Office with a non-confidential report to the Administrative Agent for all projects with matching gift funds through TexasMRC Proof of Concept Gift Fund; and (3) participation in a public event to disclose progress of funded research at the appropriate time).

SAMPLE ONLY

		Research Progress (Milestones)	Quarterly	Timing	Estimated Cost	Use of Resources
1	Objective 1					
2	Objective 2					
3	Proof of Concept					
4	Clinical Setting/ Testing					

5. Target External Granting Agency: _____

6. Is total or partial support for this research being requested from another source?
   (Circle one) Yes No
   If yes, from whom and how much?

7. Will the research involve human subjects?
   (Circle one) Yes No
   If yes, IRB approval from your institution will be required before research can begin.

8. Will the research involve animal subjects?
   (Circle one) Yes No
   If yes, protocol approval from your IACUC will be required before research can begin.

9. Have any of the Principal Investigators on this proposal had involvement as an Investigator (Lead or CO) on a TexasMRC Grant Funded Project?
   (Circle one) Yes No
   If yes, Investigator must provide project title and year funded. (Prior grant performance may affect award decision.)

10. Will any non-TexasMRC Collaborative member (corporate partner, funding partner, etc.) receive or have received intellectual Property (IP) rights (i.e. First Right of Refusal) to any development from the project you are seeking funding for?
    (Circle one) Yes No
    If yes, explain:

******PLEASE NOTE******
The TexasMRC grant program does NOT provide feedback on proposals.

11. **LEAD PRINCIPAL INVESTIGATOR:**

_____
Signature

12. **CO- INVESTIGATOR:**

_____
Signature

13. **CO- INVESTIGATOR:**

_____
Signature

14. **CO- INVESTIGATOR:**

_____
Signature