

Grant # _____
(to be completed by RIRC)

***Roman Reed Spinal Cord Injury Research Fund of California
Research Grant Application***

Date Submitted:

Project Title:

PI name and contact information:

Name:

Affiliation:

Address:

Phone:

Fax:

e-mail:

Name and contact information for financial officer:

Name:

Address:

Phone:

Fax:

e-mail:

Do you plan to use the Roman Reed Core Facility? Yes No

Is this a minimal/no preliminary data project proposal (Category 3) Yes No

Additional project personnel:

<i>Name</i>	<i>Role on Project</i>	<i>% Effort on Project</i>	<i>Funds Requested</i>

TOTAL AMOUNT REQUESTED: \$ _____