**2020-21 COMMUNITY COLLABORATIVE RESEARCH GRANT**

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**APPLICATION FORM**

1. Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Principal Investigator (PI)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify Role (choose one\*): scientific lead  local knowledge expert

3. Name of Co-Principal Investigator (Co-PI)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify Role (choose one\*): scientific lead  local knowledge expert

**\* *Each project must have a scientific lead and a local knowledge expert.***

4. PI Affiliation (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Co-PI Affiliation (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. PI phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. PI Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-PI phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-PI Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. PI Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Match/In-kind provided\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Project Dates: Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Other participant(s), affiliation & complete addresses (including zip code):

12. Brief summary of the situation or problem to be addressed:

13. Purposes (objectives) of the research project:

14. Anticipated outcomes of the research project:

15. What work do you intend to do, and how do you plan to accomplish your objectives?

16. Briefly explain how you propose to evaluate and determine the success of your project once completed.

17. Provide details about how you plan to communicate your results to academic AND community stakeholders.

18. Briefly outline who will be responsible for each aspect of the work plan. (Attach letters from cooperators outlining their participation as needed.)

19. Briefly summarize (3 to 6 sentences per team member) the qualifications of each team member. **PI and Co-PI are required to provide a CV or resume (upload in eSeaGrant).**

**(Items 1 to 19 maximum 4-page limit with 11-point font)**

20. Budget and costs. (**Feel free to include a budget form from your institution if that is easier for you**.)

a. Personnel costs (time x unit cost) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Travel (trip or mileage x unit cost) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Equipment (items more than $5,000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Contractual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Other costs (itemize) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Total Sea Grant request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Match/In-Kind provided (encouraged but not required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i. Total project costs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Reminder, indirect charges are not allowed.

\* University-affiliated PIs also must include a cover page signed by their respective

sponsored programs office.

21. Budget justification and/or explanation for each category requested:

22. Name and contact information for three potential reviewers of this proposal. Please provide at least one reviewer who is based outside North Carolina.

23. References Section (Optional)

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**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Letter(s) of support documenting the need for the project or important collaborations should be attached here.
* Additional supplemental materials (diagrams, photos, etc.) also should be attached here (only if they enhance the project explanation).

**These items do not count toward the four-page limit.**