



5620 E. Fowler Ave., Suite B ★ Temple Terrace, FL 33617 ★ (813) 780-2623 ★ Fax: (813) 779-8652

TVAREF SEED GRANT APPLICATION

PRINCIPAL INVESTIGATOR(S) (Last name, First name, M.I.)		DEGREE(S)																	
SSN #		TELEPHONE NO.					MAIL CODE												
VA EMPLOYMENT STATUS																			
FULL TIME		PART TIME (____ /8 time)		WOC ____ HRS./WK		CONSULTANT ____ HRS./WK		CONTRACT ____ HRS./WK											
DATE ENTERED VA DUTY _____																			
VA TITLE, HOSPITAL SERVICE AND SECTION																			
UNIVERSITY APPOINTMENT: ACADEMIC RANK, DEPARTMENT AND SECTION																			
PROJECT TITLE																			
TOTAL FUNDING REQUESTED																			
PROJECT USES:																			
HUMAN SUBJECTS		YES		NO		INVESTIGATIONAL DRUGS		YES		NO		SOURCES OF RADIATION		YES		NO			
ANIMAL SUBJECTS		YES		NO		INVESTIGATIONAL DEVICES		YES		N		O		BIOHAZARDS		YES		NO	
SIGNATURE(S) OF PRINCIPAL INVESTIGATOR(S)										DATE									

REQUESTED FUNDS

PRINCIPAL INVESTIGATOR(S)			
TITLE OF PROGRAM/PROJECT			
PERSONNEL R	OLE IN PROGRAM	% EFFORT	REQUESTED FUNDS
		TOTAL	
CONSULTANT SERVICES			
EQUIPMENT (Justify all items on Page 4)			
		TOTAL	
SUPPLIES (Itemize)			
		TOTAL	
ALL OTHER EXPENSES (Itemize)			
		TOTAL	
TOTAL OPERATING EXPENSES			

NAME

JUSTIFICATION OF ITEMS ON PAGE 3

INVESTIGATOR'S BIBLIOGRAPHY

NAME

PUBLICATIONS (Not to exceed two pages for each investigator, and do not include abstracts)

INVESTIGATOR'S TOTAL VA AND NON-VA RESEARCH SUPPORT (CURRENT AND PENDING)

NAME		TOTAL CURRENT \$					TOTAL FUTURE
AGENCY	GRANT NUMBER	% EFFORT	PERSONNEL	EQUIPMENT	ALL OTHER EXPENSES	TOTAL CURRENT YEAR	TOTAL PERIOD INCLUSIVE
TOTAL							