

**BRYER RESEARCH FUND
APPLICATION FORM (9/08)**

Principal Investigator

Name: _____

Department: _____ Email: _____ Phone: _____

Have you received previous support from the Bryer Research Fund past five years?

Yes No

If yes, what is the outcome of the project?

Co-Investigator(s)

Name: _____

Department: _____ Email: _____ Phone: _____

Have you received previous support from the Bryer Research Fund past five years?

Yes No

If yes, what is the outcome of the project?

Additional Investigators? Attach separate pages as needed.

Project title: _____

Proposed project start date (MM/DD/YYYY): _____

Proposed project end date (MM/DD/YYYY): _____

Total Funding Requested: _____

Please select all of the following items that are included in your proposed project:

On-Campus Research

Travel for Off-Campus Research

Research Assistant(s)

Student Research Assistants must be enrolled at the University of Michigan-Flint during the project period.

Re-Assigned Time

Up to one course reduction in course load can be requested for Fall or Winter semesters with prior approval from Department Chair and Dean.

Spring /Summer Honorarium

Compensation for 1/9 of salary (up to a maximum of \$5,500) for research/creative work completed during the spring or summer semester. PI and/or Co-PI cannot receive honorarium during periods when they are also teaching.

Spring

Summer

Does the proposed project involve any of the following?

(For definitions: <http://www.research.umich.edu/proposals/processing/paf.html#showstoppers>)

	<u>YES</u>	<u>NO</u>
Use of human subjects/patients:	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Application accepted prior to IRB approval. However, IRB approval required PRIOR to work on the project/transfer of funds to department)</i>		
Use of vertebrate animals:	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Application accepted prior to UCAC approval. However, UCAC approval required PRIOR to work on the project/transfer of funds to department)</i>		
Use of recombinant DNA	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions on openness of the research	<input type="checkbox"/>	<input type="checkbox"/>
Classified research	<input type="checkbox"/>	<input type="checkbox"/>
Use of select agents (Biological/Toxin)	<input type="checkbox"/>	<input type="checkbox"/>
Use of chemical carcinogens	<input type="checkbox"/>	<input type="checkbox"/>
Potential Conflict of Interest	<input type="checkbox"/>	<input type="checkbox"/>
Use of radioisotopes in or on humans	<input type="checkbox"/>	<input type="checkbox"/>
Use of radioactive materials	<input type="checkbox"/>	<input type="checkbox"/>
Use of human body substances	<input type="checkbox"/>	<input type="checkbox"/>
Use of infectious agents	<input type="checkbox"/>	<input type="checkbox"/>

(Continued: Does the proposed project involve any of the following?)

	<u>YES</u>	<u>NO</u>
Is a subcontract contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
Is an intellectual property disclosure related to this proposal on file in the Technology Transfer Office?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any materials transfer or non-disclosure agreements in place regarding this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Work off University property	<input type="checkbox"/>	<input type="checkbox"/>
If yes, identify location: _____		
Use of University space	<input type="checkbox"/>	<input type="checkbox"/>
If yes, identify location: _____		
Removal of Univ. property (e.g. equipment, supplies, etc.) from UMF campus?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe: _____		

By signing below I acknowledge that there are no personal identifiers contained within the *Electronic File Names, Proposal Narrative including bibliography/references), Budget Narrative, Budget Form or Supporting Documentation* that could compromise the committee's blind review process.

Principal Investigator _____ Date: _____

The Department Chair's and Dean's signatures indicate support for this application and in the case of non-tenure track faculty as Principal Investigators, indicate confirmation of UM-Flint contractual agreement covering the proposed project period.

Department Chair _____ Date: _____

Dean _____ Date: _____

Co-Investigator _____ Date: _____

Department Chair _____ Date: _____

Dean _____ Date: _____