# CEREBBRAL Pilot Grant Funding Application

Please fill out the following information. If you have any questions, please contact Jessica Huber jhuber@purdue.edu or Sebastien Helie shelie@purdue.edu

## Principal Investigator contact information:

| **Name** | **Department** | **Email** |
| --- | --- | --- |
|  |  |  |

## Key personnel (CO-PI, CO-I, consultant) contact information:

| **Name** | **Role** | **Department** | **Email** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Study Information:

| **IRB Study Number** | **Study Title** |
| --- | --- |
|  |  |

## Grant Target

| **Type** | **Due Date** | **RFA/PA number(s)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

## Aim(s) of the project, including how they relate to the aims of CEREBBRAL (<1 page)

## Significance and Innovation of the project, including a rationale for why pilot funding is needed (<1 page)

## Budget request and justification (< 1 page)

## Short vitae of PI(s) and Co-I(s) (<2 pages each) – Introductory paragraph and a list of selected references

**Complete applications should be sent to** **cerebbralcenter@purdue.edu** **as a single pdf.**