**Date of Submission**:

**Principal Investigator/s:** (Name and Rank)

Department:

Email:

**Co-principal Investigator/s:** (Name and Rank)

Department:

Email:

**Project Title:**

**Project Period:**

**Amount Requested:**

**Past Showalter Awardee:** (Yes/No, year)

**Human Subjects:** (No/Yes; IRB Protocol Approval Number and Date)

**Vertebrate Animals:** (No/Yes; IRB PACUC Approval Number and Date)

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

**Individual Authorized to**

**Sign for the Institution:**