

**Substance Use Priority Research Area (SUPRA)**  
**Graduate/Professional Student Grant Application**

**Section A: CONTACT INFORMATION**

Graduate/Professional Student Name: \_\_\_\_\_  
Degree Being Pursued: \_\_\_\_\_  
Year in Program (e.g., 1<sup>st</sup> year doctoral student, ABD, etc.): \_\_\_\_\_  
Department & College: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Faculty Advisor Name: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Department & College: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section B: SIGNATURES**

Student Name (printed)	Student Signature	Date
Advisor Name (printed)	Advisor Signature	Date

**Section C: DEPARTMENT BUSINESS MANAGER (This person will be specific to the PI's college or academic unit)**

Name: \_\_\_\_\_  
Department and College: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section D: TITLE OF PROJECT**

Pilot Project Title: \_\_\_\_\_  
\_\_\_\_\_

**Section E: BUDGET**

Amount Requested (\$10,000 maximum): \_\_\_\_\_  
Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

**Section F: PRIOR REVIEW**

- ◆ Has this project been previously submitted for internal grant funding?  
\_\_\_\_ Yes\* \_\_\_\_ No  
    *\*If Yes, please provide:*  
    Date Submitted: \_\_\_\_\_  
    Grant Mechanism (e.g., IRC, VPR pilot funding): \_\_\_\_\_  
    Score: \_\_\_\_\_  
     Attach summary statement/reviewer feedback
  
- ◆ Has this project been previously submitted for external grant funding?  
\_\_\_\_ Yes\* \_\_\_\_ No  
    *\*If Yes, please provide:*

Date Submitted: \_\_\_\_\_  
Grant Mechanism/Funding Agency (e.g., R03, NIDA): \_\_\_\_\_  
Score: \_\_\_\_\_  
 Attach summary statement/reviewer feedback

**Section G: REVIEW/APPROVAL REQUIRED BY UNIVERSITY POLICY & FEDERAL LAW**

- ◆ Does this project involve the use of human subjects?  
\_\_\_\_ Yes\* \_\_\_\_ No  
*\*If Yes, the project MUST be reviewed and approved by the appropriate Institutional Review Board (IRB). Please provide:*  
IRB Protocol Number: \_\_\_\_\_  
Date Approved: \_\_\_\_\_
  
- ◆ Does this project involve the use of animal subjects?  
\_\_\_\_ Yes\* \_\_\_\_ No  
*\*If Yes, the project MUST be reviewed and approved by the Institutional Animal Care and Use Committee (IACUC). Please provide:*  
IACUC Protocol Number: \_\_\_\_\_  
Date Approved: \_\_\_\_\_
  
- ◆ Does this project involve the use of any biologically or chemically hazardous material (e.g., recombinant DNA, pathogenic organisms, and chemical carcinogens)?  
\_\_\_\_ Yes\* \_\_\_\_ No  
*\*If Yes, the project MUST be reviewed and approved by the Director of Human Safety and Environmental Health. Please provide:*  
IBC Approval Number: \_\_\_\_\_  
Date Approved: \_\_\_\_\_
  
- ◆ Does this project involve the use of any radioactive materials?  
\_\_\_\_ Yes\* \_\_\_\_ No  
*\*If Yes, the project MUST be reviewed and approved by RSC. Please provide:*  
RSC Approval Number: \_\_\_\_\_  
Date Approved: \_\_\_\_\_