Arkansas Children's Research Institute
Intramural Funding Application Form

Principal Investigator Information
Investigator Name:

Department/Division:

Position/Title:

Phone Number:

Email Address:

Project Information
Project Title:

Start Date: End Date:

Amount Requested:

Where will the work be completed?
☐ ACH/ACNW/ACRI
☐ UAMS/UAMS-NW

Grant Program:
☐ ACRI ABI Investigator Initiated
☐ ACRI ABI Post Graduate
☐ ACRI ABI Nursing and Allied Health
☐ Marion B. Lyon Award
☐ Arkansas Children’s Catalyst Program

Human Subjects Research
Are human subjects involved? ☐ Yes ☐ No
If yes, is the project IRB exempt? ☐ Yes ☐ No

Is the IRB review pending? ☐ Yes ☐ No
If no, provide IRB protocol approval number and attach approval letter:
Vertebrate Animals Research
Are vertebrate animals involved? ☐ Yes ☐ No

Is the IACUC review pending? ☐ Yes ☐ No
    If no, provide IACUC protocol approval number and attach approval letter:

Other
Is an Investigational Device Exemption (IDE) required? ☐ Yes ☐ No

Is an Investigational New Drug Application required? ☐ Yes ☐ No