

**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:

- Grant Program: ACRI ABI Investigator Initiated
 ACRI ABI Post Graduate
 ACRI ABI Nursing and Allied Health
 Marion B. Lyon Award
-

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

Where will the work be completed (organization name)?