



# IITRI Grant Application Support Form

Please complete all applicable sections for grant-related studies.

## Section 1: Sponsor Details

Full Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Section 2: Study Overview

Proposed Study Title: \_\_\_\_\_

Brief Description of Study Objectives: \_\_\_\_\_

Target Indication/Disease Area: \_\_\_\_\_

## Section 3: Funding Information

Funding Mechanism (Grant, Subcontract, Direct Payment):  
\_\_\_\_\_

Name of Grant or Program: \_\_\_\_\_

Grant Submission Date: \_\_\_\_\_

Do you require a Letter of Support from IITRI?: \_\_\_\_\_

Is this part of an SBIR/STTR application?: \_\_\_\_\_

Other Funding Details or Notes: \_\_\_\_\_

If US Government funding, specify agency (NIH, DOD, BARDA, etc.):  
\_\_\_\_\_

Will you need IIA (Inter-Institutional Agreement) assistance?:  
\_\_\_\_\_

Will you need ACURO (Animal Care and Use Review Office) assistance?:

\_\_\_\_\_

Budget Constraints or Limits: \_\_\_\_\_

#### **Section 4: Timeline**

Desired Study Start Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Critical Milestones: \_\_\_\_\_

#### **Section 5: Study Specifics**

Type of Study: \_\_\_\_\_

Species/Model Requested: \_\_\_\_\_

Number of Animals: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Dose Levels: \_\_\_\_\_

Frequency & Duration of Dosing: \_\_\_\_\_

Date: \_\_\_\_\_