The McDonnell Center for Systems Neuroscience
Small Grants Program 2010
Instructions and Grant Application Form

Instructions

Proposals should clearly and concisely describe a project whose scope is matched to the duration and amount of funding. If an R01 on a similar topic has been submitted, the rationale for Center funding should be clearly articulated.

The application should be completed and assembled in this order, observing the following limits:

Face Page

Abstract Page: 250 word limit

Budget -01 Year Page
Budget -02 Year Page

Budget Justification Page: Required ONLY for equipment – if none, state not applicable

Other Support Page: Use NIH format

Mission of the Center Page: Please state how the proposed research fits within the Mission of the Center

Research Proposal: Using plain paper, address sections A-D as stated on application page 8. This section is limited to 5 pages including figures and legends. Use 11 point Arial or larger and ½ inch margins.

References: References are not included in the above page limit.

Biographical Sketch: Using NIH format, provide a sketch for the PI and if applicable, co-PI and for a Research Associate, if salary is requested.

Appendices: Not Allowed
The McDonnell Center for Systems Neuroscience

2010 Small Grants Program
(Non-Renewable Grant; Two-Year Maximum)

Title: __________________________________________________________________________________

Principal Investigator: _____________________________________________________________________

Department: _____________________________________________________________________________

Department #: ___________ Box #: ___________ Phone #: ______________________

Animals: Yes___ Species: _____________________________________ No ___

University Protocol #: ________________ and Date Approved: ___________ (to be provided before July 1, 2010 if this grant is funded, along with a copy of the protocol).

Human Subjects: Yes___ No ___

University Protocol #: ________________ and Date Approved: ___________ (to be provided before July 1, 2010 if this grant is funded, along with a copy of the protocol).

Signature: ____________________________________________  ______________

Principal Investigator  Date

Signature: ____________________________________________  ______________

Department Head  Date

Application Deadline: April 5, 2010  SUBMIT 9 SIGNED COPIES OF THE APPLICATION ON THREE-HOLE-PUNCH PAPER (single-sided copies) (original + 8). Use Arial type, size 11 and 1/2 inch (or larger) margins.

Send to:
Michelle Ellis
Dept. Neurology
Box 8111
(East Building, 4525 Scott Ave., Room 2218D)
Principal Investigator: ________________________

ABSTRACT

250 Word Limit
**BUDGET - 01 YEAR**  
For the Period 07/01/10 - 06/30/11

**NOTE:** Budget may not exceed $40,000 per year.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>% Effort on Project</th>
<th>SALARY*</th>
<th>FRINGE BENEFITS</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotals**

*Note: Funds cannot be used for salary support of P.I. or Graduate Students.*

**EQUIPMENT (Itemize)**  
*Note: Equipment purchased from Center funds is non-transferable from Washington University. Equipment is $5,000 or above*

**SUPPLIES (Itemize by category)**

**TRAVEL (Request should be modest)**

**OTHER EXPENSES (Itemize by category)**

**TOTAL DIRECT COSTS**

$
**BUDGET - 02 YEAR**
For the Period 07/01/11 - 07/30/12

**NOTE**: Budget may not exceed $40,000 per year.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE IN PROJECT</th>
<th>% Effort on Proj</th>
<th>Dollar Amount Requested (Omit Cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator</td>
<td></td>
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</tr>
</tbody>
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**Subtotals**

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**SUPPLIES** (Itemize by category)

**TRAVEL** (Request should be modest)

**OTHER EXPENSES** (Itemize by category)

TOTAL DIRECT COSTS

$
BUDGET JUSTIFICATION for Equipment

Provide a justification only for items of equipment.
OTHER SUPPORT

Provide active and pending support for the PI, and if applicable, co-PI. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the format shown below, using plain paper. The sample below is intended to provide guidance regarding the type and extent of information requested.

Note effort devoted to projects must now be measured using person months. Indicate calendar, academic, and/or summer months associated with each project.

Format

<table>
<thead>
<tr>
<th>NAME OF INDIVIDUAL</th>
<th>ACTIVE/PENDING</th>
<th>Project Number (Principal Investigator)</th>
<th>Source</th>
<th>Title of Project (or Subproject)</th>
<th>Dates of Approved/Proposed Project</th>
<th>Annual Direct Costs</th>
<th>Person Months (Cal/Academic/Summer)</th>
<th>OVERLAP (summarized for each individual)</th>
</tr>
</thead>
</table>

Samples
MISSION STATEMENT

The mission of the McDonnell Center for Systems Neuroscience is to improve our understanding of information processing and other integrative functions of the brain in health and disease. Areas appropriate for support include perception, language, learning and memory, sensory-motor processing, attention, emotion, and related cognitive functions. Studies will be conducted on humans and laboratory animals in normal as well as diseased or dysfunctional states. The Center encourages interdisciplinary approaches that enhance interactions between clinical and basic researchers and between theorists and experimentalists. By fostering a spirit of excellence at the cutting edge of modern neuroscience, the Center aims to insure a preeminent role for Washington University in the study of higher brain function.

Please state how the proposed research fits within the Mission of the Center.
RESEARCH PROPOSAL

Continue the application on blank sheets. Number pages at the bottom, consecutively. Include at top right of each page, the name of the Principal Investigator.

Organize the proposal to succinctly address the following:

A. Background & Significance
B. Preliminary Findings
C. Research Plan
D. Methods

Maximum of 5 pages (text 11 point Arial or larger; 1/2” margins), including figures plus legends for sections A-D.

E. References (not included in the above limits)

Appendices are not allowed

Please include as the last part of the application, a biosketch for the Principal Investigator(s) and Research Associate if salary is requested. (use NIH forms).