Principal Investigator Information
Principal Investigator:
Department:
Position:
Email Address:
Phone Number:
Co-Principal Investigator Information
Co-Principal Investigator:
Department:
Position:
Email Address:
Phone Number:
Grant Information
Project Title:
Amount Requested (up to \$4,000): \$
Will your Department provide matching funds? Yes [] No[] Amount: \$
Chair's Signature
Project Details
Abstract (Maximum 300 words)
Background and Supporting References (Maximum 500 words)
Objectives (Maximum 500 words)

Methodology: (Maximum 500 words)

Timeline: (Maximum 500 words)

Intellectual Merit (Maximum 300 words)

Potential Broader Impacts (Maximum 300 words)

Dissemination of Results: (Maximum 300 words)

Additional Information

Could your project lead to opportunities for additional external or internal funding in the future? Yes [] No[]

If you selected Yes, list the organization(s), institution(s), or agencies you believe might be interested in funding or supporting further stages of your scholarship.

Explain why you believe the project has the potential to attract additional funding. Include any preliminary interest, previous discussions, or connections you might have with potential funding entities.

Have you received a mini-grant from LMU before? Yes [] No[]

If yes, please provide details (amount, purpose, and year awarded):

Does your proposal include: Animals Yes [] No[]

Human Subjects Yes [] No[]

Hazardous Materials Yes [] No[]

If so, you must include a copy of your IRB, IACUC, or IBCSC approval or pending application. Funds will not be disbursed for Mini-Grants that are awarded with pending applications until final approval is received.

Biosketch (Maximum 300 words)

Supplies	Cost/Unit	Quantity	Total Cost
••			\$ -
			\$ -
			\$ -
			\$-
			\$ -
			\$ -
			\$ -
			\$ - \$ -
			\$ -
			\$ -
			\$ -
			\$ -
			-
			Ş -
Travel			
Travel			ć
			\$ -
			\$ -
			\$ -
			\$-
			\$-
			\$ -
			\$ - \$ -
			\$ -
			\$-
			\$-
			\$-
			\$-
			\$-
			\$ - \$ - \$ -
			\$ -
			\$ -
			\$-
			\$-
			\$ - \$ -
			\$ -
Equipment			\$-
			\$ -
			\$ - \$ - \$ -
			\$ -
			\$ -
			\$ -
			\$ -
			♀ [−]
		Grand Total	

Principal Investigator

I certify that the information provided in this application is true and accurate to the best of my knowledge. I have read and understood Lincoln Memorial University's policies and procedures governing grants and sponsored programs. I shall comply with the letter and spirit of those policies and will not undertake this research/program without the requested approvals. If awarded, I commit to using the funds as detailed in this application and providing necessary updates and reports as required by Lincoln Memorial University.

Signature: _____ Date: _____

Chair and Dean

I certify that I have read and understood Lincoln Memorial University's policies and procedures governing grants and sponsored programs. I have given general approval for this proposal based on technical merit.

Signature:								Dat	e:			
-		1-										_

Chair/Supervisor Signature

Signature: _____ Date: _____

Dean Signature

Applications must be submitted by February 16, 2024. Recipients will be notified by March 15, 2024. For questions or more information, please contact natalie.sweet@Imunet.edu.