## APPLICATION FOR NEAR-MISS AWARD

## Submission Deadline: Friday, September 29, 2017 by 4 p.m.

1. **Directions**: ALL of the information requested must be supplied. Electronic submission is required. Electronic submissions need to be sent to Kristi Katcher at kkatcher@siumed.edu. A hard copy is not required.

Signature:

DEPARTMENT:								% of time devoted to this project:
MAIL CODE AND PHONE NUMBER (if Springfield)/COMPLETE ADDRESS AND PHONE NUMBER (if Carbondale):								
TITLE OF PROJECT:								
Funding agency for PARENT GRANT:								Grant number assigned by parent funding organization
CO-INVESTIGATORS: DEPARTMENTS:								
A. B.								
C.								
TOTAL DIDECT COSTS DEQUESTED FROM FUNDING ACCINGV.								
TOTAL DIRECT COSTS REQUESTED FROM FUNDING AGENCY:								
TOTAL INDIRECT COSTS REQUESTED FROM FUNDING AGENCY:								
TOTAL NEAR-MISS BUDGET AMOUNT REQUESTED:								
<ol> <li>Application LetterExplanation of how the PI will use Near-Miss funds to address the concerns raised in the critique (limit to 2 pages, 11 font Arial, 0.5" margins),</li> <li>One-year itemized budget for a maximum of \$25,000, plus budget justification,</li> <li>The critique for the original application, and</li> <li>The original application submitted to the external agency.</li> </ol>								
APPROVALS:								
Department Chair (typed name):  (Chair's signature indicates that the Chair approves this application for scientific merit and availability of facilities and personnel.)								
PROTOCOL APPROVALS (check appropriate box(es):  PROTOCOL NUMBER/APPROVAL DATE:								
SCRIHS/Human Subjects	YES		NO		PENDING			
LACUC/IACUC	YES		NO		PENDING			
,	YES		NO		PENDING			
RCC/Radiation	YES		NO		PENDING			

8/30/17

PRINCIPAL INVESTIGATOR:

Printed Name: