

# APPLICATION FOR NEAR-MISS AWARD

**Submission Deadline: Wednesday, November 30 by 4:00PM**

**Directions:** ALL of the information requested must be supplied. Electronic submission is required (1 collated pdf document). Electronic submissions need to be sent to [agage27@siumed.edu](mailto:agage27@siumed.edu). A hard copy is not required.

**PRINCIPAL INVESTIGATOR:**

Typed Name:	Signature:
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**DEPARTMENT:**

**% of time devoted to this project:**

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**MAIL CODE AND PHONE NUMBER (if Springfield)/COMPLETE ADDRESS AND PHONE NUMBER (if Carbondale, Quincy, or Decatur):**

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**TITLE OF PROJECT:**

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**Funding agency for PARENT GRANT:**

**Grant number assigned by  
parent funding organization**

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**CO-INVESTIGATORS:**

**DEPARTMENTS:**

A.	
B.	

**TOTAL DIRECT COSTS REQUESTED FROM FUNDING AGENCY:**

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**TOTAL INDIRECT COSTS REQUESTED FROM FUNDING AGENCY:**

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**TOTAL NEAR-MISS BUDGET AMOUNT REQUESTED:**

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**APPROVALS:**

Department Chair (typed name):		Signature:
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*(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): write N/A if not applicable:**

**N/A or PROTOCOL NUMBER/APPROVAL DATE:**

SCRIHS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PENDING	<input type="checkbox"/>	
IACUC	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PENDING	<input type="checkbox"/>	
ICSC	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PENDING	<input type="checkbox"/>	
RCC	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PENDING	<input type="checkbox"/>	

*All necessary protocol approvals must be secured before grant monies can be made available.*