Request for Translational Hearing Center Research Voucher for Research Core Services

Submit this document as a pdf by email to Stacy Barney [StacyBarney@creighton.edu]

Date Submitted	
Principal Investigator	**Phone #:**
Institution/School/Department	
Relevant Co-Investigator(s) Name/Institution/School/Dept.	
Project Title:	

IACUC Approval # (animal use):	**Date of current approval:**
IBC Approval #:	
Project Period for needed core services (<12 months):	
THC Core(s) to be used:	
Project Title:	

Are there additional supplies required for performance of service ☐ Yes ☐ No		**If yes, please provide a budget and justification**
Are the funds for this service included in any other budget for this research work ☐ Yes ☐ No		
If No:	☐ Unfunded pilot data	
	☐ Assessment added after funding award	
	☐ Award had insufficient funding to meet aims of the study	
	☐ Other (specify)	
If Yes:	☐ Requested funding cut by funding agency	
	☐ Other (specify)	

NOTE: VOUCHER REQUESTS MUST BE REVIEWED BY THE APPLICABLE CORE DIRECTOR FOR VIABILITY AND SIGNED BY THAT CORE DIRECTOR PRIOR TO SUBMISSION.

Are you currently or have you ever been supported by an IDeA award, Including INBRE-CTR, or a different CoBRE:

☐ Yes

☐ No

Please provide the following:

☐ Current NIH Biosketch

☐ Current Funded Grant Abstracts

☐ Supplies requested in association with the service

Form: January 2020

PI Signature:_____
Date:_____

Core Director Signature:_____
Date:_____

Budget Details

Complete the information for the Core services you are proposing to utilize for your study. If the Core sent documentation to you regarding pricing, please submit it with your application.

Core Service	# of Services	Billing Rate($)	Total Funding ($)

Core-associated Supplies	# of Units	Cost/Unit ($)	Total Cost ($)

(*Not to exceed $5,000*)   **Total Request: $ _____**

Budget Justification:

PI Request Justification (not to exceed 2 pages)

1. **Funding Overlap**

   A. **What other funding is currently available for this project? If funding exists, explain why additional funding is needed and project specifics regarding funding source (i.e., internal, external, agency name, agency #, etc).**

   B. **Have you previously received THC funding for this same project?** ☐ **Yes** ☐ **No** **If yes, please explain**

2. **How will this THC subsidized service help you obtain external funding?**

3. **Provide a brief description of the project, including applicability of the core service(s) requested and the research and/or translational relevance.**