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| One VCU Research logo  Application Current and Pending Funding Form | | | | | | | |  |
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| **The following information should be provided for each Principal Investigator and each Co-Investigator, using separate forms for each (if the investigator has no related external current or pending funding, only complete the first five rows below).** Please use additional pages as needed. | | | | | | | |
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| **Investigator first and last name:** | | | | | | | |
| **School, College, Unit:** | | | | | | | |
| **Department (full name):** | | | | | | | |
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| Have you received **any** VCU or VCU Health internal funding within the last 5 years (including awards from colleges, schools, centers, institutes or other programs)?  Yes  No  If yes, include the following information for each award(s):   1. Awarding unit, center, institute or program 2. Year awarded 3. Title of funding opportunity 4. Title of awarded project | | | | | | | |
| Has support for **this project** been requested from external agencies (e.g., National Institutes of Health, National Science Foundation, foundations, professional organizations) within the last 5 years?  Yes  No  **If yes,** please list the funding sources to which you have applied or received funding from within the last 5 years with the four highest award amounts below: | | | | | | | |
| **Support:**  Current  Pending  Not Awarded **Sponsor:** | | | | | | | |
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| **Project/Proposal Title:** | | | | | | | |
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| **Amount:**       **Period of Performance** (MM/DD/YYY – MM/DD/YYY): | | | | | | | |
| **Support:**  Current  Pending  Not Awarded **Sponsor:** | | | | | | | |
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| **Project/Proposal Title:** | | | | | | | |
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| **Amount:**       **Period of Performance** (MM/DD/YYY – MM/DD/YYY): | | | | | | | |
| **Support:**  Current  Pending  Not Awarded **Sponsor:** | | | | | | | |
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| **Project/Proposal Title:** | | | | | | | |
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| **Support:**  Current  Pending  Not Awarded **Sponsor:** | | | | | | | |
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| **Project/Proposal Title:** | | | | | | | |
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| **Amount:**       **Period of Performance** (MM/DD/YYY – MM/DD/YYY): | | | | | | | |