

**Saint Louis University School of Medicine
FY 2015 Blue Ribbon Bridge Funding
Grant Application**

Applicant Information

Principal Investigator:

Department:

Academic Rank:

Telephone:

Active and Pending Grant Information: Use this space to list all sources of support and applications since July 1, 2010. Use a format similar to the NIH "Other Support." Include grant number and PI on active grants, date submitted, score or review date on pending grants, dates active, % of effort, sponsor, annual direct costs, title of grant, brief description of major aims, and other pertinent information such as if the grant is in no-cost extension. Use additional pages if necessary.

Project Information

Project Title:

Names/Department of Key Collaborators:

Names:

Departments:

Describe efforts to obtain renewed or new funding:

Federal Funding Agency, grant number and title for the expired grant pertaining to this Application:

Title and grant number of the renewal application for the expired grant:

Does this grant reside in the School of Medicine? Yes: No

Budget: (Capped at 40 percent of the direct costs of the final year of the grant, minus any consortium costs. Note - no faculty salaries permitted through bridge funds.)

Category	Amount	Description
Animal Cost:	\$ _____	_____
Non-PI Salary:	\$ _____	_____
Non-PI Benefits:	\$ _____	_____
Supplies:	\$ _____	_____
Equipment:	\$ _____	_____
Other:	\$ _____	_____
Total	\$ _____	_____

Budget Justification:

A cover letter from the department chairperson to the Dean with a description of internal funds available to the department (Chairman’s fund, hard dollars, indirect costs, other designated accounts, etc.), and to whom these funds have been allocated. This letter should also detail the support that has already been provided to the applicant for this project, including previous IRS awards and departmental support.

Signatures of Approval

Principal Investigator: _____ Date: _____

Department Chairperson: _____ Date: _____

Dean: _____ Date: _____