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| **Proposal Title** | [insert title, up to 15 words in length] |
| **Investigator Team:** | [name at least two inter-departmental Tufts faculty members, and their respective departments] |
| **Period of Performance:** | 12 Months from date of award. |
| **Link to Center Topic:** | □ Topic A □ Topic B □ Topic C |
| **Primary DEVCOM Soldier Center Scientific Collaborator:** | □ Tad Brunyé □ Marianna Eddy □ Grace Giles □ Wade Elmore □ Aaron Gardony □ Seth Elkin-Frankston □ Greg Hughes  (For details about these individuals and their areas of specialty, see <http://www.centerforabcs.org/index.php/about/centerpeople>. Please reach out to [centerforabcs@tufts.edu](mailto:centerforabcs@tufts.edu) to identify the appropriate collaborator for your project prior to preparing a proposal.) |
|  | |
| **Link to Pilot Program** | |
| [Up to 150 words. If proposal is linked to pilot program funding, please specify the link and briefly discuss the results of the pilot program. Otherwise, enter “N/A”] | |
| **Background & Objectives** | |
| [Up to 500 words. Broadly, what extant research motivates the work, and what do you generally aim to accomplish?] | |

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| **Link to Center Objectives & Potential Applications** |
| [Up to 250 words. Explicit links to the Center’s objectives as detailed in Proposal Instructions document, including ties to potential applications of the work.] |

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| **Specific Objectives & Timeline** |
| [Up to 1000 words. What are your specific objectives, including specific experimental and/or development efforts? What is the timeline of your execution plan? If preferred, insert image of timeline with specified milestones.] |

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| **Resource Utilization & Development** | | | | | |
| [Up to 500 words. Proposed efforts may be executed by leveraging investigators’ existing laboratory capabilities, proposing support for new capabilities, and/or using the facilities at the Center for Applied Brain & Cognitive Sciences (see Proposal Instructions document for details). Please describe your plan for leveraging your own versus the Center’s resources and/or developing new resources, and how this will work to accomplish the Specific Objectives described above.] | | | | | |
| **Equipment Support (**[**see http://www.centerforabcs.org/index.php/about/capabilities-and-resources**](see%20http:/www.centerforabcs.org/index.php/about/capabilities-and-resources)**)** | | | | | |
| Are you planning to use any of the facilities at the CABCS? [please check all that apply]  □ EEG Lab □ Neuromodulation Lab □ Exercise/fNRIS Lab □ Seated Testing □ Seated Eyetracking □ SUAVE Lab  Are you requesting to borrow equipment from DEVCOM SC/CABCS? □ Yes □ No (if yes, fill in information below) | | | | | |
| ***Hardware (listed under “Other Resources” on webpage)*** | | | | | |
| Equipment Requested | | Quantity | | Length of Loan | |
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| Do you know how to use the above equipment? □ Yes □ No | | | | | |
| If no, who have you talked with about training at CABCS/DEVCOM SC? | | [insert name here] | | | |
| ***Software/Analysis*** | | | | | |
| Do you need software for analysis? □ Yes □ No | | | | | |
| Do you need support for analysis? □ Yes □ No | | | | | |
| If yes, who have you talked with about training on software/analysis at CABCS/DEVCOM SC? | | | [insert name here] | | |
| Comments/Notes:  [Additional Comments about equipment/software/analysis needs] | | | | | |
| **Proposed Budget [See guidelines in Proposal Instructions document]** | | | | | |
| ***Personnel*** | | | | | |
| [insert name & position] | [insert nature of involvement] | | | | [insert proposed dollar amount] |
| [insert name & position] | [insert nature of involvement] | | | | [insert proposed dollar amount] |
| [insert name & position] | [insert nature of involvement] | | | | [insert proposed dollar amount] |
| [insert name & position] | [insert nature of involvement] | | | | [insert proposed dollar amount] |
| [insert name & position] | [insert nature of involvement] | | | | [insert proposed dollar amount] |
| ***Materials, Supplies, & Participant Remuneration*** | | | | | |
| [insert item(s) description] | [insert justification] | | | | [insert proposed dollar amount] |
| [insert item(s) description] | [insert justification] | | | | [insert proposed dollar amount] |
| [insert item(s) description] | [insert justification] | | | | [insert proposed dollar amount] |
| [insert item(s) description] | [insert justification] | | | | [insert proposed dollar amount] |
| [insert item(s) description] | [insert justification] | | | | [insert proposed dollar amount] |
| ***Travel*** | | | | | |
| [insert destination & purpose] | [insert justification] | | | | [insert proposed dollar amount] |
| [insert destination & purpose] | [insert justification] | | | | [insert proposed dollar amount] |
| [insert destination & purpose] | [insert justification] | | | | [insert proposed dollar amount] |
|  |  | | | | [insert total proposed budget] |