Application Form

 Project Title

_____

 Project Summary

Please enter an abstract of 250 words or less

_____
_____
_____

 Area of Interest

Primary choice

- The Future of Work
- Health
- People and Robots
- Sustainable Infrastructures
- Women in Tech
- Policy Lab

 Area of Interest

Secondary choice (optional)

- The Future of Work
- Health
- People and Robots
- Sustainable Infrastructures
- Women in Tech
- Policy Lab

 Project Information

Project narrative: Describe the problem your project aims to address and the methodology or process you propose. (1,500 words or less) _____

Impact statement: What result do you hope to achieve? What potential impact will the research results have on the field? On society? (500 words or less) _____

Budget narrative: Please give a brief summary of the budget categories and amounts needed for the proposed research. (500 words or less) _____

Downstream project applications: What opportunities do you anticipate for building on the results of this seed award, if awarded? Describe larger grant proposal opportunities or partnerships here. (500 words or less) _____

 Citations (Include any citations relevant to the Project Information given above.)

1 _____

2 _____

3 _____

4 _____

5 _____

Lead Principal Investigator information

You will have the opportunity to add co-PIs on the following page.

Full Name

First Name _____

Last Name _____

Campus Affiliation

- UC Berkeley
- UC Davis
- UC Davis Health
- UC Merced
- UC Santa Cruz

Email Address

_____

Home Department

_____

URL for professional curriculum vitae and/or publication information

_____

Does this application include any pre-tenured faculty?

Inclusion of pre-tenured faculty is highly encouraged but not required.

☐ Includes pre-tenured faculty
☐ Does not include pre-tenured faculty
☐ Unknown

Prior CITRIS Seed Awards

Have you received CITRIS seed funding in the past?

☐ Yes
☐ No

If yes, please list the previous project title(s), award year(s), and PI names.

_____
_____
_____

Co-Principal Investigator information

This section allows you to add all of the co-PI's on your project. Note: In order to give others (i.e. co-PIs and/or students) the ability to edit this application, from your Application screen click the "Add Collaborators" button.

First co-PI's Full Name

First Name   _____

Last Name   _____

First co-PI's Email Address

_____

First co-PI's Campus Affiliation

- UC Berkeley
- UC Davis
- UC Davis Health
- UC Merced
- UC Santa Cruz

First co-PI's Home Department

_____

Webpage link for professional curriculum vitae and/or publication information

_____

Principal Investigator status

☐ I authorize that the co-PI has Principal Investigator status on their home campus
☐ I authorize that the co-PI has exceptional Principal Investigator status on their home campus

Do you have another co-PI to add to this proposal?

☐ Yes
☐ No

Additional Co-Principal Investigator information

Second co-PI's Full Name

First Name   _____

Last Name   _____

Second co-PI's Email Address

_____

Second co-PI's Campus Affiliation

- UC Berkeley
- UC Davis
- UC Davis Health
- UC Merced
- UC Santa Cruz

Second co-PI's Home Department

_____

Webpage link for professional curriculum vitae and/or publication information

_____

Principal Investigator status

☐ I authorize that the co-PI has Principal Investigator status on their home campus
☐ I authorize that the co-PI has exceptional Principal Investigator status on their home campus

Do you have third co-PI to add to the proposal?

☐ Yes
☐ No

Additional Co-Principal Investigator Information

Third co-PI's Full Name

First Name _____

Last Name _____

Third co-PI's Email Address

_____

Third co-PI's Campus Affiliation

• UC Berkeley
• UC Davis
• UC Davis Health
• UC Merced
• UC Santa Cruz

Third co-PI's Home Department

_____

Webpage link for professional curriculum vitae and/or publication information

_____

Principal Investigator status

☐ I authorize that the co-PI has Principal Investigator status on their home campus
☐ I authorize that the co-PI has exceptional Principal Investigator status on their home campus

Do you have fourth co-PI to add to the proposal?

☐ Yes
☐ No

Additional Co-Principal Investigator Information

Fourth co-PI's Full Name

First Name _____

Last Name _____

Fourth co-PI's Email Address

_____

Fourth co-PI's Campus Affiliation

• UC Berkeley
• UC Davis
• UC Davis Health
• UC Merced
• UC Santa Cruz

Fourth co-PI's Home Department

_____

Webpage link for professional curriculum vitae and/or publication information

_____

Principal Investigator status

☐ I authorize that the co-PI has Principal Investigator status on their home campus
☐ I authorize that the co-PI has exceptional Principal Investigator status on their home campus

Do you have fifth co-PI to add to the proposal?

☐ Yes
☐ No

Additional Co-Principal Investigator Information

Fifth co-PI's Full Name

First Name   _____

Last Name   _____

Fifth co-PI's Email Address

_____

Fifth co-PI's Campus Affiliation

• UC Berkeley
• UC Davis
• UC Davis Health
• UC Merced
• UC Santa Cruz

Fifth co-PI's Home Department

_____

Webpage link for professional curriculum vitae and/or publication information

_____

Principal Investigator status

☐ I authorize that the co-PI has Principal Investigator status on their home campus
☐ I authorize that the co-PI has exceptional Principal Investigator status on their home campus

Budget Section

Finances

Proposal total must not exceed $60,000.

Proposal total _____

Salary/benefits sub-total _____

Travel sub-total _____

Equipment/supplies/expenses sub-total (non-travel) _____

☑ Campuses where funds will be spent

To help us track multicampus fund distributions, a dollar amount is required in each field below. Click here to view a table of the funds available per award, then indicate how you plan to distribute them below.

☐ UC Berkeley
☐ UC Davis
☐ UC Davis Health
☐ UC Merced
☐ UC Santa Cruz

UC Berkeley

PI Name _____

Amount _____

Additional PI name (if applicable) _____

Additional Amount (if applicable) _____

UC Davis

PI Name _____

Amount _____

Additional PI name (if applicable) _____

Additional Amount (if applicable) _____

UC Davis Health

PI Name _____

Amount _____

Additional PI name (if applicable) _____

Additional Amount (if applicable) _____

UC Merced

PI Name _____

Amount _____

Additional PI name (if applicable) _____

Additional Amount (if applicable) _____

UC Santa Cruz

PI Name _____

Amount _____

Additional PI name (if applicable) _____

Additional Amount (if applicable) _____