Application Form

Project Title

Project Summary
Please provide an abstract of 250 words or less.

Grand Challenge Themes
Choose from the following:
- Climate Resilience
- Digital Health Innovation
- Next-generation Tech Policy
- Automation and the Workforce

Optional secondary theme
If your proposal substantially addresses more than one theme, please select below for consideration by reviewers. Note this will not increase chances of award.
Choose from the following:
- Climate Resilience
- Digital Health Innovation
- Next-generation Tech Policy
- Automation and the Workforce

Project Information
Project narrative: Describe the problem your project aims to address and the methodology or process you propose. (1,000 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. Please provide research administrator (RA) names and contact details if known. (400 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. (300 words or less)

Citations (Please 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
Opt-in to Alternative Funding

In addition to deploying our core funds, CITRIS is committed to fundraising from extramural sponsors to support innovative research proposals. Sources include industrial and institutional collaborators, foundations, and donors in our network. We will contact the Lead Principal Investigator directly with any promising opportunities. Please confirm that all Principal Investigators on this application agree to one of the following:

☐ Yes, CITRIS may promote this proposal to relevant funding sources.
☐ No, CITRIS may not promote this proposal to relevant funding sources.
☐ Maybe, please contact me for clarification

Budget Section

Proposal total must not exceed $60,000.

Proposal total ______________________
Salaries/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) ______________________
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) ______________________