

ODU MULTIDISCIPLINARY BIOMEDICAL RESEARCH SEED FUNDING
INTRAMURAL PROGRAM SOLICITATION

I. PROGRAM: Multidisciplinary Biomedical Research Seed Funding (MBRSF) 2020-21 Application Guidelines

II. PROGRAM DESCRIPTION:

A consortium of ODU biomedical research leadership comprised of the Deans from the Graduate School, Colleges of Engineering & Technology, Health Sciences, Sciences, and the Director of the Center for Bioelectronics seeks to incentivize and support multidisciplinary biomedical research projects through a competitive intramural funding opportunity, the Multidisciplinary Biomedical Research Seed Funding (MBRSF) grant, established in 20-21. This funding opportunity provides one to two awards per year for research partnerships involving tenured and tenure-track faculty.

that may not be attainable by a single PI

Old Dominion University Biomedical Research Consortium
MULTIDISCIPLINARY BIOMEDICAL RESEARCH SEED FUNDING
 20 -2 Administrative Form

DIRECTIONS: This form is completed by the PI, who is also responsible for obtaining signatures from CoPIs, chair(s) and dean(s). Save the completed, signed form and the other required proposal components as a single Adobe PDF document, and submit via email to ORIntramural@odu.edu by the deadline. See program guidelines for deadline, eligibility & detailed instructions. Additional coinvestigators may be added. Submit on a copy of the second page.

PARTNERS REPRESENTED IN THIS APPLICATION:

- Batten College of Engineering & Technology
- College of Health Sciences

- College of Sciences
- Center for Bioelectronics
- The Graduate School (research includes graduate students)

Briefly describe the proposed research

Potential external funding sources:

PI Information	Name:		Title/Rank:	
	Department:		College:	
	Email address:		Phone number:	
	Dept. Budget Code:	Name of Dept. Fiscal Contact:	Phone	
	PI Signature:		Date:	
	Dept. Chair Signature:		Date:	

Co-I Information	Name:		Title/Rank:	
	Department:		College:	
	Email address:		Phone number:	
	Dept. Budget Code:	Name of Dept. Fiscal Contact:	Phone	
	PI Signature:		Date:	

Budget Code:	Name of Dept. Fiscal Contact:	Phone	
PI Signature:		Date:	
Dept. Chair Signature:		Date:	