

<b>SOUTHERN ILLINOIS UNIVERSITY</b> <b>ADVANCED ENERGY INSTITUTE</b>  <b>ENERGY BOOST SEED GRANT</b> <b>APPLICATION</b> <i>Follow instructions carefully.</i>	LEAVE BLANK - FOR AEI USE ONLY.	
	Date Received:	
	Action of Research Committee:	Date:
1. TITLE OF PROPOSED PROJECT		
<input type="checkbox"/> This proposal contains proprietary or confidential information that may be subject to a University Invention Disclosure.		
2. INVESTIGATOR(S):		
a. <b>Principle Investigator:</b> Name (First, MI., Last)/TITLE/DEPARTMENT	e. <b>CO-Investigator #2</b> Name (First, MI., Last)/TITLE/DEPARTMENT	
b. PHONE/E-MAIL ADDRESS	f. PHONE/E-MAIL ADDRESS	
c. <b>CO-Investigator #1</b> Name (First, MI., Last)/TITLE/DEPARTMENT	g. <b>CO-Investigator #3</b> Name (First, M.I., Last)/TITLE/DEPARTMENT	
d. PHONE/E-MAIL ADDRESS	h. PHONE/E-MAIL ADDRESS	
3. DOES THIS PROJECT INCLUDE: Are there Chemical or Biological Hazards involved with your project?    No    Yes Human Subjects?    No    Yes    # _____    Human Stem Cell Research    No    Yes    # _____ Vertebrate Animals?    No    Yes    # _____    Have you read the SIUC Policy on Export Control?    No    Yes Grad Students?    No    Yes    # _____    Are you aware of any Export control issues with this proposal?    No    Yes Undergrad Students?    No    Yes    # _____    If yes, please fill out the Export Control Disclosure Form Travel to, or Research in, a foreign country;    No    Yes    Does this project involve the creation or modification of curriculum, hiring of faculty or other academic change?    No    Yes (If yes then provost signature required below)		
4. DATES OF PROPOSED PERIOD OF SUPPORT From    7/1/24    Through    6/30/2025	5. FUNDS REQUESTED FOR PROPOSED PERIOD OF SUPPORT    \$	
6. WILL ANY INVESTIGATOR BE ON SABBATICAL LEAVE ANY TIME DURING THE FUNDING PERIOD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate which Investigator(s) and for what time period)		
7. TARGET FUNDING AGENCY (Please discuss your plans in your proposal):		
9. DATE AND TYPE OF LAST AEI GRANT (if applicable)		
I understand that Committee approval of the project does not necessarily ensure funding of the proposed activity. Financial support of the project is contingent upon Committee evaluation and the availability of research funds. I also understand that fiscal support for the project will be allocated by the Advanced Energy Institute.		
<b>SIGNATURES/DATE</b>		
Signature of Principal Investigator and Date	Signature of Co-Investigator #2 / Date	
Signature of Unit Officer - PI / Date	Signature of Unit Officer - Co-Investigator #2 / Date	
Signature of Co-Investigator #1 / Date	Signature of Co-Investigator #3 / Date	
Signature of Unit Officer - Co-Investigator #1 / Date	Signature of Unit Officer - Co-Investigator #3 / Date	
Signature of AEI Project Fiscal Officer /Date	Signature of Next Level Authority/Date	