

UCSF School of Pharmacy - Bridge Funding

Applicant Statement

Application Period (Select one and include year):

___ Winter ___

___ Summer ___

Applicant information

Applicant is applying as (check one):

___ Established investigator

___ New investigator

Name of applicant (Principal Investigator):

Academic title:

Date of faculty appointment:

Email:

Telephone:

Name of department and department chair:

Research area for bridge funding proposal:

Amount of bridge funding request: \$

Details of funding needs

Please **describe why** you are seeking temporary or partial research bridge funding (as you continue to seek extramural funding):

Adverse impact of funding shortfall

Describe the adverse impact of the current or impending funding shortfall on your research program and research personnel:

Discretionary funding

State the amount of discretionary funding (such as startup, gift, endowed chair) that is available for your research program. A specific amount, even zero, must be provided here: \$

Describe how any additional discretionary funds would be used if you were to receive bridge funding:

Plan for reestablishing funding

Detail a plan for reestablishing funding during the bridge year (for example, specify the grant agency and submission date), including how reviewer comments are, or will be, addressed in pending and future grant applications:

(Attach any needed documentation that supports your statements above.)