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**LNC FACILITY VOUCHER PROGRAM**

**PROPOSAL FORM**

Project Title:

Investigator Name:

Co-Investigator Name(s):

Proposed Project Dates:

Supporting Documentation: Please attach pages with the following information.

1. Scientific rationale for the pilot project, approach, and timeline;
2. An outline of the larger project downstream;
3. A description of how the pilot study will support the larger proposal’s competitiveness;
4. The target funding mechanisms and submission date for the larger project proposal.

Budget: Please contact the LNC Facility Co-Directors or Coordinator to complete budget allocations.

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| --- | --- | --- | --- |
| **Planned Allocation of LNC Voucher funds** | | | |
| **Item Description** | **Hours** | **Rate\*** | **Total** |
| Planning ODIN usage within pilot study |  | $25.00/hour |  |
| Staff to manage ODIN deployment during pilot study |  | $12.50/hour |  |
| Participation incentives |  | $\_\_\_\_\_\_\_ paid as follows:   * \_\_\_ admission interview * \_\_\_ ODIN-based data collection * \_\_\_ at exit interview |  |
| Assistance with analysis of ODIN data |  | $25.00/hour |  |
| Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | $12.50-$25.00/hour |  |
| Total Budget | | |  |

*\*These rates may be adjusted based on project specifics*

Investigator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Core Facility Director/Coordinator Signature (required prior to submission):

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_