|  |  |
| --- | --- |
|  | **Application and Research Proposal for** **Global Collaborative Research Project FY 2019** **(**[ ]  **New /** [ ]  **Renew : Project No. \_\_\_\_\_\_\_\_\_\_ )** |
|  |
| To: Director of Brain Research Institute, Niigata University |

|  |
| --- |
| APPLICANT (PRINCIPAL INVESTIGATOR) |
| Full Name |  | Title *(please tick)* | [ ] Professor [ ] Dr. [ ] Mr. [ ] Ms. |
| Position |  | Research Areas |  |
| Affiliation(Department, Faculty, University / Institution) |  | Full Postal Address |  |
| Email |  | Telephone |  |
|  |
| BRI COLLABORATOR |
| Full Name |  | Position |  |
| BRI Department |  |
| Applicant (PI) has obtained the approval of the BRI collaborator for this proposal. (mandatory) | [ ]  Yes |

|  |
| --- |
|  |
| **RESEARCH PROPOSAL** |
| 1. PROJECT TITLE
 |
| (English) |  |
| (Japanese) |  |
| 1. RESEARCH AREA
 |
| [ ]  Neuropathological specimens of brain disease[ ]  Genome analysis on brain disease[ ]  Production and analysis on animal resources of brain disease[ ]  Translational research focused on the development of non-invasive imaging analysis technique[ ]  Open research utilizing BRI resources  |
| 1. SUMMERY OF RESEARCH
 |
|  |
| **Resource / Facility Use** | [ ]  Fixed samples of humans[ ]  Frozen specimens of human brain[ ]  Human DNA and RNA[ ]  Radioisotope[ ]  Animal experiment[ ]  Recombinant DNA animal models [ ]  Others (*please specify.* ) |

|  |
| --- |
| 1. ETHICS: Please tick if planning to conduct relevant experimentation.
 |
| I will comply with a code of ethics at the experiment facility | [ ]  Yes, I will. |

|  |
| --- |
| 1. RESEARCH PURPOSE: State the research goals and objectives (100 – 150 words).
 |
|  |
| 1. RESEARCH PLAN: Describe succinctly the design of the study and the methods.
 |
|  |
| 1. PREVIOUS RESEARCH WORK RELEVANT TO THE PROPOSED RESEARCH: Explain clearly the preceding works related to the given project.
 |
|  |
| 1. OTHER RESEARCH WORK TO DATE: Provide full details of the publications for the last five (5) years. (author(s), title of article, journal and year, volume, pages)
 |
|  |

|  |
| --- |
| 1. RESEARCH MEMBERS: List ALL members who participate in this research. Create an appendix if necessary.
 |
| **PRINCIPAL INVESTIGATOR** |
| Full Name |  |  |
| Gender | [ ]  Male [ ]  Female |
| Date of Birth |  | (DD/MM/YYYY) |
| Contribution in this Research |  |
| **BRI COLLABORATOR** |
| Full Name |  |  |
| Gender | [ ]  Male [ ]  Female |
| Date of Birth |  | (DD/MM/YYYY) |
| Contribution in this Research |  |
| **CO-INVESTIGATOR 1** |
| Full Name |  | Affiliation(Department, Faculty, University / Institution) |  |
| Position |  |
| Gender | [ ]  Male [ ]  Female |
| Date of Birth |  | (DD/MM/YYYY) |
| Contribution in this Research |  |
| Telephone |  | Email |  |
| **CO-INVESTIGATOR 2** |
| Full Name |  | Affiliation(Department, Faculty, University / Institution) |  |
| Position |  |
| Gender | [ ]  Male [ ]  Female |
| Date of Birth |  | (DD/MM/YYYY) |
| Contribution in this Research |  |
| Telephone |  | Email |  |
| *\*Providing gender and DOB details are necessary for the report to the Ministry of Education (MEXT) in relation to promoting the activities of young and female researchers.* |

|  |
| --- |
| 1. ESTIMATED TRAVEL EXPENSES: lodging, transport and meals to BRI (up to 300,000 JPY).
 |
| Traveler Name |  | Destination | Brain Research Institute, Niigata University |
| Purpose |  |
| Period(tentative) | Start on |  | (DD/MM/YYYY) | Duration |  | days |
| End on |  | (DD/MM/YYYY) | Estimated Expenses |  | JPY |
| The traveler above has a bank account in Japan. | [ ]  Yes  *(if ticked, the imbursement will be paid into the bank account.)* |
| Traveler Name |  | Destination | Brain Research Institute, Niigata University |
| Purpose |  |
| Period(tentative) | Start on |  | (DD/MM/YYYY) | Duration |  | days |
| End on |  | (DD/MM/YYYY) | Estimated Expenses |  | JPY |
| The traveler above has a bank account in Japan. | [ ]  Yes  *(if ticked, the imbursement will be paid into the bank account.)* |
| Total Estimated Expenses |  | JPY |

|  |
| --- |
| 1. POSSIBILITY OF SELF-FUNDED RESEARCH: Please tick if YES.
 |
| When this application is not successful for acquiring the BRI research funding, I (applicant) still wish to carry out the proposed research with my own financial resources. | [ ]  Yes |

**I certify that all information in this application are true to the best of my knowledge.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Applicant’s Signature |  | Date  |

|  |
| --- |
| **Checklist**: Please make sure to attach the followings:[ ]  **Curriculum Vitae of PI (applicant)** \*Not applicable for those who have already submitted in the previous year.[ ]  **Progress Report (Form 2)** \*Renew projects only. |