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|  | **Application and Research Proposal for** **Global Collaborative Research Project FY2025****(**[ ]  **New /** [ ]  **Renewal : Project No. \_\_\_\_\_\_\_\_\_\_ )** |
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| To: Director of Brain Research Institute, Niigata University |

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

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| **RESEARCH PROPOSAL** |
| 1. PROJECT TITLE
 |
| (English) |  |
| (Japanese) |  |
| 1. RESEARCH COLLABORATION CATEGORY
 |
| [ ]  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
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| **Resource / Facility Use**If any of 1. through 5. are to be performed at Niigata University, review and approval by NU is required. Please consult with BRI collaborator for further details. | [ ]  1. Fixed samples of humans[ ]  2. Frozen specimens of human brain[ ]  3. Human DNA and RNA[ ]  4. Animal experiment →[ ]  Tick if experiments will NOT be performed at Niigata University.[ ]  5. Recombinant DNA animal models →[ ]  Tick if experiments will NOT be performed at Niigata University.[ ]  6. Radioisotope[ ]  7. Others (*please specify.* ) |

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

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| 1. RESEARCH PURPOSE: State the research goals and objectives (100 – 150 words).
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| 1. RESEARCH PLAN: Describe succinctly the design of the study and the methods. Create an appendix if necessary.
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| 1. PREVIOUS RESEARCH WORK RELEVANT TO THE PROPOSED RESEARCH: Explain clearly the preceding works related to the given project. Create an appendix if necessary.
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| 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) Create an appendix if necessary.
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| 1. RESEARCH MEMBERS: List ALL members who participate in this research. Create an appendix if necessary.
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| **PRINCIPAL INVESTIGATOR** |
| Full Name |  |  |
| Gender | [ ]  Male [ ]  Female　 [ ]  Other |
| Date of Birth |  | (DD/MM/YYYY) |
| Role in this Research |  |
| **BRI COLLABORATOR** |
| Full Name |  |  |
| Gender | [ ]  Male [ ]  Female [ ]  Other |
| Date of Birth |  | (DD/MM/YYYY) |
| Role in this Research |  |
| **CO-INVESTIGATOR 1** |
| Full Name |  | Affiliation(Department, Faculty, University / Institution) |  |
| Position |  |
| Gender | [ ]  Male [ ]  Female [ ]  Other |
| Date of Birth |  | (DD/MM/YYYY) |
| Role in this Research |  |
| Telephone |  | Email |  |
| **CO-INVESTIGATOR 2** |
| Full Name |  | Affiliation(Department, Faculty, University / Institution) |  |
| Position |  |
| Gender | [ ]  Male [ ]  Female [ ]  Other |
| Date of Birth |  | (DD/MM/YYYY) |
| Role in this Research |  |
| Telephone |  | Email |  |
| **CO-INVESTIGATOR 3** |
| Full Name |  | Affiliation(Department, Faculty, University / Institution) |  |
| Position |  |
| Gender | [ ]  Male [ ]  Female [ ]  Other |
| Date of Birth |  | (DD/MM/YYYY) |
| Role 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.* |

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| 1. ESTIMATED TRAVEL EXPENSES: lodging, transport and meals to BRI (up to 500,000 JPY).
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| 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 |
| 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 |
| Total Estimated Expenses |  | JPY |

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| 1. POSSIBILITY OF SELF-FUNDED RESEARCH: Please tick if YES.
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| 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 is true to the best of my knowledge.**

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|  |  |  | **Date** |
|  | Applicant’s Signature |  | Date  |

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| **Checklist**: Please make sure to attach the following:[ ]  **Curriculum Vitae of PI (applicant)** *\*New projects only.*[ ]  **Progress Report (Form 2)** *\*Renewal projects only.* |