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|  | **Application and Research Proposal for**  **Global Collaborative Research Project FY 2021**  **( New /  Renew : 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. | |
| Position |  | Research Areas |  | |
| Affiliation  (Department, Faculty, University / Institution) |  | Full Postal Address |  | |
| Email |  | Telephone |  | |
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| BRI COLLABORATOR | | | | |
| Full Name |  | Position |  | |
| BRI Department |  | | | |
| 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** | | Fixed samples of humans  Frozen specimens of human brain  Human DNA and RNA  Radioisotope  Animal experiment  Recombinant DNA animal models  Others  (*please specify.* ) |

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| 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. |

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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. |
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| 1. PREVIOUS RESEARCH WORK RELEVANT TO THE PROPOSED RESEARCH: Explain clearly the preceding works related to the given project. |
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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) |
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| 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.* | | | | | | | | |

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| 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 |

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| 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.**

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|  | Applicant’s Signature |  | Date |

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