



## Application and Research Proposal for Global Collaborative Research Project FY2026

( ☐ New / ☐ Renewal : Project No. \_\_\_\_\_ )

To: Director of Brain Research Institute, Niigata University

APPLICANT (PRINCIPAL INVESTIGATOR)			
Full Name		Title ( <i>please tick</i> )	<input type="checkbox"/> Professor <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx.
Position		Research Areas	
Affiliation (Department, Faculty, University / Institution)		Full Postal Address	
Email		Telephone	

BRI COLLABORATOR			
Full Name		Position	
BRI Department	<a href="#">CHOOSE FROM HERE</a>		
Applicant (PI) has obtained the approval of the BRI collaborator for this proposal. (mandatory)			<input type="checkbox"/> Yes

RESEARCH PROPOSAL	
1. PROJECT TITLE	
(English)	
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(Japanese)	
2. RESEARCH COLLABORATION CATEGORY	
<input type="checkbox"/> Neuropathological specimens of brain disease <input type="checkbox"/> Genome analysis on brain disease <input type="checkbox"/> Production and analysis on animal resources of brain disease <input type="checkbox"/> Translational research focused on the development of non-invasive imaging analysis technique <input type="checkbox"/> Open research utilizing BRI resources	
3. SUMMERY OF RESEARCH	

<p><b>Resource / Facility Use</b></p> <p>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.</p>	<p> <input type="checkbox"/> 1. Fixed samples of humans  <input type="checkbox"/> 2. Frozen specimens of human brain  <input type="checkbox"/> 3. Human DNA and RNA  <input type="checkbox"/> 4. Animal experiment → <input type="checkbox"/> Tick if experiments will NOT be performed at Niigata University.  <input type="checkbox"/> 5. Recombinant DNA animal models → <input type="checkbox"/> Tick if experiments will NOT be performed at Niigata University.  <input type="checkbox"/> 6. Radioisotope  <input type="checkbox"/> 7. Others    <p>(please specify. )</p> </p>
<p><b>4. ETHICS: Please tick if planning to conduct relevant experimentation.</b></p>	
<p>I will comply with a code of ethics at the experiment facility</p>	<p><input type="checkbox"/> Yes, I will.</p>
<p><b>5. RESEARCH PURPOSE: State the research goals and objectives (100 – 150 words).</b></p>	
<p></p>	
<p><b>6. RESEARCH PLAN: Describe succinctly the design of the study and the methods. Create an appendix if necessary.</b></p>	
<p></p>	

7. PREVIOUS RESEARCH WORK RELEVANT TO THE PROPOSED RESEARCH: Explain clearly the preceding works related to the given project. Create an appendix if necessary.

8. 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.

**9. RESEARCH MEMBERS: List ALL members who participate in this research. Create an appendix if necessary.****PRINCIPAL INVESTIGATOR**

Full Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Date of Birth	(DD/MM/YYYY)		
Role in this Research			

**BRI COLLABORATOR**

Full Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Date of Birth	(DD/MM/YYYY)		
Role in this Research			

**CO-INVESTIGATOR 1**

Full Name		Affiliation (Department, Faculty, University / Institution)	
Position			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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.*

**10. ESTIMATED TRAVEL EXPENSES: lodging, transport and meals to BRI (up to 500,000 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	
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		

**11. 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 is true to the best of my knowledge.

Applicant's Signature

Date

Date

**Checklist:** Please make sure to attach the following:

- ☐ **Curriculum Vitae of PI (applicant)** \*New projects only.
- ☐ **Progress Report (Form 2)** \*Renewal projects only.