



## Application and Research Proposal for Global Collaborative Research Project FY 2021

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

To: Director of Brain Research Institute, Niigata University

APPLICANT (PRINCIPAL INVESTIGATOR)			
Full Name		Title (please tick)	<input type="checkbox"/> Professor <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> 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)			<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. SUMMARY OF RESEARCH	

<b>Resource / Facility Use</b>	<input type="checkbox"/> Fixed samples of humans <input type="checkbox"/> Frozen specimens of human brain <input type="checkbox"/> Human DNA and RNA <input type="checkbox"/> Radioisotope <input type="checkbox"/> Animal experiment <input type="checkbox"/> Recombinant DNA animal models <input type="checkbox"/> Others <p style="text-align: center;"><i>(please specify. )</i></p>
<b>4. ETHICS: Please tick if planning to conduct relevant experimentation.</b>	
I will comply with a code of ethics at the experiment facility	<input type="checkbox"/> Yes, I will.
<b>5. RESEARCH PURPOSE: State the research goals and objectives (100 – 150 words).</b>	
<b>6. RESEARCH PLAN: Describe succinctly the design of the study and the methods.</b>	
<b>7. PREVIOUS RESEARCH WORK RELEVANT TO THE PROPOSED RESEARCH: Explain clearly the preceding works related to the given project.</b>	

**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)

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**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	
Date of Birth	(DD/MM/YYYY)	
Contribution in this Research		

**BRI COLLABORATOR**

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

**CO-INVESTIGATOR 1**

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

**10. 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.			<input type="checkbox"/> 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.			<input type="checkbox"/> Yes (if ticked, the imbursement will be paid into the bank account.)		
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.	<input type="checkbox"/> Yes
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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 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.