
Energy Balance Assessment: Supplemental Funding Application

Investigator Information

Name:	_____	Degree(s):	_____	Date:	_____
Title:	_____	Tenure:	_____		_____
Department:	_____	MDA Unit:	_____	Ext.:	_____

Application Title: _____

Application Type: New or Resubmission

Collaborators - Name and Dept. (*faculty level only*)

Protocol Information

Does the project have an approved protocol?: Select: Protocol No: _____

No. of participants approved: _____ No. of participant accrued: _____

Application Checklist

- ☐ Application Form
- ☐ Budget-
 - ☐ Developed in consultation with core and/or shared resources

Currently Approved Protocol, if applicable

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Description of Research (6,000 characters maximum)

Include the following components in the description of research:

- ☐ Abstract for the overall study,
- ☐ Study objectives related to Energy Balance(EB),
- ☐ Rationale for including EB assessments ,
- ☐ Procedures for EB assessments, timeline, and
- ☐ Future funding plans.

Limit of 6,000 characters. Please list references on page 3. Do not alter this form.

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References (No character limit)

No character limit for references. Do not alter this form.