## **Application Form**

A Project Title	
Project Summary  Please provide an abstract of 250 words or less.	
Grand Challenge Themes	
Choose from the following:	<ul> <li>Climate Resilience</li> <li>Digital Health Innovation</li> <li>Next-generation Tech Policy</li> <li>Automation and the Workforce</li> </ul>
Optional secondary theme	
	lease select below for consideration by reviewers. Note this will not
Choose from the following:	<ul> <li>Climate Resilience</li> <li>Digital Health Innovation</li> <li>Next-generation Tech Policy</li> <li>Automation and the Workforce</li> </ul>
Project Information	
Project narrative: Describe the problem your project aims to address and the methodology or process you propose. (1,000 words or less)	
Impact statement: What result do you hope to achieve? What potential impact will the research results have on the field? On society? (500 words or less)	
Budget narrative: Please give a brief summary of the budget categories and amounts needed for the proposed research. Please provide research administrator (RA) names and contact details if known. (400 words or less)	
Downstream project applications: What opportunities do you anticipate for building on the results of this seed award, if awarded? Describe larger grant proposal opportunities or partnerships here. (300 words or less)	
Ecitations (Please include any citations relevant to the project in	nformation given above.)
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4	
5	

Lead Principal Investigator information	
You will have the opportunity to add co-PIs on the following page.	
# Full Name	
First Name	
Last Name	
Campus Affiliation	
• UC Berkeley	
• UC Davis	
• UC Davis Health	
• UC Merced	
UC Santa Cruz	
Maria Email Address	
4 Home Department	
URL for professional curriculum vitae and/or publication information	
■ Does this application include any pre-tenured faculty?	
Inclusion of pre-tenured faculty is highly encouraged but not required.	
☐ Includes pre-tenured faculty ☐ Does not include pre-tenured faculty ☐ Unknown	
Prior CITRIS Seed Awards	
Have you received CITRIS seed funding in the past?	
Yes	
□ No	
If yes, please list the previous project title(s), award year(s), and PI name	S.

## Co-Principal Investigator information

This section allows you to add all of the co-PI's on your project. Note: In order to give others (i.e. co-PIs and/or students) the ability to edit this application, from your Application screen click the "Add Collaborators" button.

First co-PI's Full Name

First Name	
Last Name	
Tirst co-Pl's Email Address	
First co-Pl's Campus Affiliation	
UC Berkeley UC Davis	
UC Davis     UC Davis Health	
UC Merced UC Santa Cruz	
7 First co-Pl's Home Department	
Webpage link for professional curriculum vitae and/or	publication information
E Principal Investigator status	
☐ I authorize that the co-PI has Principal Investigator stat ☐ I authorize that the co-PI has exceptional Principal Investigator state.	tus on their home campus estigator status on their home campus
■ Do you have another co-PI to add to this proposal?	
☐ Yes ☐ No	
Additional Co-Principal Investigator information	
Second co-PI's Full Name	
First Name	
Last Name	
A Second co-PI's Email Address	
Second co-PI's Campus Affiliation	
UC Berkeley	
• UC Davis	
UC Davis Health     UC Merced	
• UC Santa Cruz	
M Second co-PI's Home Department	
Webpage link for professional curriculum vitae and/or	publication information

Principal Investigator status						
I authorize that the co-PI has Principal Investigator status on their home campus I authorize that the co-PI has exceptional Principal Investigator status on their home campus						
■ Do you have third co-PI to add to the proposal?						
☐ Yes ☐ No						
Additional Co-Principal Investigator Information						
Third co-PI's Full Name						
First Name						
Last Name						
Third co-Pl's Email Address						
Third co-PI's Campus Affiliation						
• UC Berkeley						
• UC Davis						
UC Davis Health						
• UC Merced						
UC Santa Cruz						
1 Third co-PI's Home Department						
Webpage link for professional curriculum vitae and/or publication  Principal Investigator status	n information					
I authorize that the co-PI has Principal Investigator status on their I authorize that the co-PI has exceptional Principal Investigator status						
■ Do you have fourth co-PI to add to the proposal?						
Yes						
□ No						
Additional Co-Principal Investigator Information						
Fourth co-Pl's Full Name						
First Name						
Last Name						

7 Fourth co-PI's Email Address
Fourth co-Pl's Campus Affiliation  • UC Berkeley
<ul> <li>UC Davis</li> <li>UC Davis Health</li> <li>UC Merced</li> <li>UC Santa Cruz</li> </ul>
7 Fourth co-PI's Home Department
Webpage link for professional curriculum vitae and/or publication information
Principal Investigator status
☐ I authorize that the co-PI has Principal Investigator status on their home campus ☐ I authorize that the co-PI has exceptional Principal Investigator status on their home campus
E Do you have fifth co-PI to add to the proposal?
☐ Yes ☐ No
Additional Co-Principal Investigator Information
Fifth co-PI's Full Name
Last Name
7 Fifth co-PI's Email Address
• UC Berkeley
<ul> <li>UC Davis</li> <li>UC Davis Health</li> <li>UC Merced</li> <li>UC Santa Cruz</li> </ul>
🧖 Fifth co-PI's Home Department
Webpage link for professional curriculum vitae and/or publication information
E Principal Investigator status
☐ I authorize that the co-PI has Principal Investigator status on their home campus ☐ I authorize that the co-PI has exceptional Principal Investigator status on their home campus

Opt-in to Alternative Funding
In addition to deploying our core funds, CITRIS is committed to fundraising from extramural sponsors to support innovative research proposals. Sources include industrial and institutional collaborators, foundations, and donors in our network. We will contact the Lead Principal Investigator directly with any promising opportunities. Please confirm that all Principal Investigators on this application agree to one of the following:
☐ Yes, CITRIS may promote this proposal to relevant funding sources. ☐ No, CITRIS may not promote this proposal to relevant funding sources. ☐ Maybe, please contact me for clarification
Budget Section
Budget items
Proposal total must not exceed \$60,000.
Proposal total
Salary/benefits sub-total
Travel sub-total
Equipment/supplies/expenses sub-total (non-travel)
☑ Campuses where funds will be spent
To help us track multicampus fund distributions, a dollar amount is required in each field below. Click here to view a table of the fundavailable per award, then indicate how you plan to distribute them below.
UC Berkeley UC Davis UC Davis Health UC Merced UC Santa Cruz
UC Berkeley
Name
mount
dditional PI name (if applicable)
dditional Amount (if applicable)
UC Davis
Name
mount
dditional PI name (if applicable)
dditional Amount (if applicable)
UC Davis Health
Name
mount
dditional PI name (if applicable)

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Additional Amount (if applicable)		
UC Merced		
PI Name		
Amount		
Additional PI name (if applicable)		
Additional Amount (if applicable)		
III UC Santa Cruz		
PI Name		
Amount		
Additional PI name (if applicable)		
Additional Amount (if applicable)	 •	