1) Name ____________________________________________________________
   Degree/Title _______________________________________________________
   UW Department/Division _____________________________________________
   Box # __________ Telephone _____________ Email address:______________

2) TITLE OF PROJECT: _______________________________________________

3) DESCRIPTION OF PROJECT (include hypothesis, specific aims, and brief description):

4) LIST ANY CO-INVESTIGATORS OR COLLABORATORS THAT ARE INVOLVED IN THE PROJECT:

5) RELEVANCE TO NUTRITION:

6) APPROVED HUMAN SUBJECTS PROTOCOL OR ANIMAL IACUC PROTOCOL, IF APPLICABLE
   (PI, title, protocol # and approval dates):

7) CURRENT FUNDING BASE (include source, identifying number, title, PI, entire award period and
   annual direct costs for each funding source). Indicate with an asterisk (*) which source supports the
   above research project.

8) PROPOSED USE OF EACH CORE'S FACILITY (Energy Balance and Glucose Metabolism Core,
   Adipose Tissue and Lipid Biology Core, Analytic Core, and/or Administrative Core - please be specific).

Attach additional sheets as necessary. Return the completed form along with a copy of the CV for the principal
investigator as an email attachment to uwnorc@u.washington.edu, or via campus mail to: Dr. Michael
Schwartz, UW NORC Director, Box 358055.

http://depts.washington.edu/uwnorc/
6/30/2015