

**UW NORC AFFILIATE INVESTIGATOR APPLICATION
2015-2016**

- 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.