**UW NORC AFFILIATE INVESTIGATOR APPLICATION**

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UW Department/Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Box#:\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Relevance of Research to Nutrition and Obesity:**

|  |  |
| --- | --- |
| **UW NORC Scientific Theme(s)**  **Mark one or more UW NORC scientific themes to which your research contributes.** | \_\_\_Energy Balance and Obesity Pathogenesis  \_\_\_Health Risks of Obesity  \_\_\_Nutritional Aspects of Systemic Illness |

1. **Current Grants Supporting Nutrition and Obesity-Related Research (PI only):**

Provide information for grants, awards, subcontracts, or other sources of funding for current nutrition and/or obesity-related projects for which you are PI or Co-PI and seek to utilize Core services. Include sponsor/source, identifying number, title, PI, entire award period and annual direct cost for each funding source.

1. **Pending Grants Supporting Nutrition and Obesity-Related Research (PI only):**

Provide information for pending grants, awards, subcontracts or other sources of funding for nutrition and/or obesity-related projects for which you are the PI or Co-PI.

1. **Title of Project requiring Core Services:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Description of Project:** (Include aims and brief description):
3. **Funding Source for the Proposed Project:** Indicate with an asterisk (\*) which source above supports the research project grant/funding information here is the project is funded by a source that is not listed above (e.g., you are a C0-investigator of the grant and not the PI).
4. **List any Co-Investigators or Collaborators that are Involved in the Project:**
5. **Approved Human Subject Protocol or Animal IACUC Protocol, if applicable (PI, title, protocol # and approval dates:**
6. **Proposed Use of each Core’s Facility (Energy Balance Core, Analytic Core and/or Clinical and Translational Research Services 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@uw.edu](mailto:uwnorc@uw.edu).

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