

ODU MULTIDISCIPLINARY BIOMEDICAL RESEARCH SEED FUNDING  
INTRAMURAL PROGRAM SOLICITATION

I. PROGRAM: Multidisciplinary Biomedical Research Seed Funding (MBRSF) 2020-21 Application Guidelines

II. PROGRAM DESCRIPTION:

A consortium of ODU biomedical research leadership comprised of the Deans from the Graduate School, Colleges of Engineering & Technology, Health Sciences, Sciences, and the Director of the Center for Bioelectrics seeks to incentivize and support multidisciplinary biomedical research projects through a competitive intramural funding opportunity, the Multidisciplinary Biomedical Research Seed Funding (MBRSF) grant, established in 20-21. This funding opportunity provides one to two awards per year for research partnerships involving tenured and tenure track faculty.



that may not be attainable by a single PI



Old Dominion University Biomedical Research Consortium  
**MULTIDISCIPLINARY BIOMEDICAL RESEARCH SEED FUNDING**  
 20 -2 Administrative Form

**DIRECTIONS:** This form is completed by the PI, who is also responsible for obtaining signatures from Co-PIs, chair(s) and dean(s). Save the completed, signed form and the other required proposal components as a single Adobe PDF document, and submit via email to [ORIntramural@odu.edu](mailto:ORIntramural@odu.edu) by the deadline. See program guidelines for deadline, eligibility & detailed instructions. Additional coinvestigators may be added. Submit on a copy of the second page.

**PARTNERS REPRESENTED IN THIS APPLICATION:**

- Batten College of Engineering & Technology
- College of Health Sciences

- College of Sciences
- Center for Bioelectronics
- The Graduate School (research includes graduate students)

Briefly describe the proposed research

Potential external funding sources:

PI Information	Name:		Title/Rank:	
	Department:		College:	
	Email address:		Phone number:	
	Dept. Budget Code:	Name of Dept. Fiscal Contact:	Phone	
	PI Signature:		Date:	
	Dept. Chair Signature:		Date:	

Co-I Information	Name:		Title/Rank:	
	Department:		College:	
	Email address:		Phone number:	
	Dept. Budget Code:	Name of Dept. Fiscal Contact:	Phone	
	PI Signature:		Date:	

Budget Code:	Name of Dept. Fiscal Contact:	Phone	
PI Signature:		Date:	
Dept. Chair Signature:		Date:	