**Request for MRC Just-In-Time Core Usage Funding**

Submit request via website <https://sites.wustl.edu/wumrc/funding/jit/apply/>. Questions? Email Kamilla McGhee [kjm@wustl.edu](mailto:kjm@wustl.edu)

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| --- | --- | --- | --- |
| Date Submitted: | Click here to enter a date. | | |
| Principal Investigator (PI): |  | Phone: |  |
| Washington University Department: |  | | |
| Fellow/Trainee:  *(If PI is a mentor for project to be conducted by research trainee)* |  | | |
| Relevant Co-Investigator(s):  *(if applicable)* |  | | |
| Relevant Co-Investigator(s)  Washington University Department: |  | | |
|  | | | |
| **PROJECT TITLE:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| If Applicable: |  | Cores to be used: | *Please check which Core(s) you plan to use.* |
| IRB approval number: |  | Core B: Structure and Strength |  |
| IACUC approval number: |  | Core C: Histology & Morphometry |  |
|  |  | Core D: Animal Models of Joint Injury & Disease |  |
|  |  | Center for Cellular Imaging (WUCCI) |  |

Budget details:

Complete the table below for the core services you are proposing to utilize for your study, based on the quote you received from the core.

***Please include the quote with your submission to the MRC.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Core(s) Utilized (B, C, and/or D) | | | | Quote attached | | Core Cost (from quote) |
| B | C | D | WUCCI | Yes | No | $ |
| B | C | D | WUCCI | Yes | No | $ |
| B | C | D | WUCCI | Yes | No | $ |
| B | C | D | WUCCI | Yes | No | $ |
|  | **Total cost of core services required for project** | | | | | $ |
|  | **Total MRC JIT Request**  *(maximum request is $1,250)* | | | | | $ |

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|  |  |
| PI Signature | Date |

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| --- | --- | --- | --- | --- |
| MRC Use Only: | | | | |
| Date received by MRC: |  |  | Date sent to review committee: |  |
| Funding Decision: | Approved  Disapproved Other | | | |
| Total Approved Funding: | $ |  | Approved Project Duration: |  |
| Date notification sent to PI: | Click here to enter a date. |  | Date Notification sent to Core: | Click here to enter a date. |
| **MRC JIT Project ID #:** |  |  |  |  |
|  |  |  |  |  |

**PI Request Justification**

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| 1. **Have your previously received funding from the MRC (i.e. P&F grant, Core D subsidy)?**   **Yes No**  **If yes, please explain:** |
| 1. **Purpose and Project Specifics**   Funds are intended to support preliminary musculoskeletal studies leading to future grant submission, or to support completion of data collection for a manuscript submission. JIT projects may be for established investigators working on a new (unfunded) project, or for new investigators.  **Please provide:**   1. **Brief explanation of how this project fits the goals of this JIT program.** 2. **Explanation of services to be performed and the relation to the project (should clearly match funding request on page 1).**   *NOTE: Work must be completed and billed by February 28 of the year following JIT award date.* |
| *Continued from page 2* |

**MRC Core Director Confirmation Form**

*Use multiple forms if multiple cores are to be used*

Approved Core signatures:

|  |  |
| --- | --- |
| **Core B** | **Core C** |
| Dr. Matthew Silva  314.362.8585  [silvam@wudosis.wustl.edu](mailto:silvam@wudosis.wustl.edu)  [Core B website](http://www.musculoskeletalcore.wustl.edu/content/Core/2974/B-Structure-and-Strength-Core/Services/Overview.aspx) | Dr. Deborah Veis  314.454.8472  [dveis@wustl.edu](mailto:dveis@wustl.edu)  [Core C website](http://www.musculoskeletalcore.wustl.edu/content/Core/2979/C-In-situ-Molecular-Analysis-Core/Services/Overview.aspx) |
| **Core D** | **WUCCI** |
| Dr. Yousef Abu-Amer  314.362.0335  [abuamery@wustl.edu](mailto:abuamery@wustl.edu)  [Core D website](http://www.musculoskeletalcore.wustl.edu/content/Core/3058/D-Mouse-Genetics-Models-Core/Services/Core-D---New.aspx) | James Fitzpatrick  314.747.0838  [fitzp@wustl.edu](mailto:fitzp@wustl.edu)  [WUCCI website](https://wucci.wustl.edu/) |

|  |  |
| --- | --- |
| Name of Core: |  |
| Name of Core Director: |  |
| Principal Investigator: |  |
| Project Title: |  |
| 1. Services to be provided by the core: |  |
| 1. Total costs of services to be provided: |  |
| 1. Does your core have to capacity to provide the requested services within a 12 month period? | Yes No |

By signing this form, you agree to comply with all billing procedures (bill directly to MRC, with project name clearly labeled on invoice).

Please bill for these services directly to:

**Department 3305**

**Attn: Kamilla McGhee**

**Reference JIT Project number**

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| Core Director Signature | Date |