

EEG Core
New York State Psychiatric Institute Grant
Application Information Form

Date of Request: _____ Department: _____

Project Title: _____

Principal Investigator: _____

Email: _____

Project Start/ End Date: _____ Submission Due Date: _____

Funding Agency: _____

Approvals:

Randy P. Auerbach, PhD, ABPP
Acting Director, EEG Core

Study Plan

1. Please select one of the plans below:

Plan	Amount	Description of Rate	
Basic Plan	\$30/Hr	Consumables, net/electrode use, space, data maintenance	
Intermediate Plan	\$60/Hr	Tech/RA acquisition time; all basic plan features	

2. Please use one the following tables, depending on your selected plan, to describe the total amount of EEG data collection in your study.

Buffer time: The hourly rates refer to the total time the EEG room is used by your study including set up time and clean up time. A buffer time of 30 minutes is included to accommodate this.

Basic Plan

Grant Year	# of Subjects	Experimental Hours/ Subject	Buffer Time	Total Time	Total Amount
1			0.5		
2			0.5		
3			0.5		
4			0.5		
5			0.5		
Total Amount:					

Intermediate Plan

Grant Year	# of Subjects	Experimental Hours/ Subject	Buffer Time	Total Time	Total Amount
1			0.5		
2			0.5		
3			0.5		
4			0.5		
5			0.5		
Total Amount:					