

HEALTH DISPARITIES PILOT GRANT APPLICATION

V8/2016

Title of Proposal:

Principal investigator: _____

College/Department: _____ Secondary Division/Unit: _____

Zip: _____ Email: _____ Phone: _____ Fax: _____

Secondary investigators (and institutions):

Total Amount Requested: _____

Please check all required Review Committees for this proposal and current status

| | |
|---|---|
| <input type="checkbox"/> IRB | <input type="checkbox"/> Pending or Approval # and date _____ |
| <input type="checkbox"/> IACUC | <input type="checkbox"/> Pending or Approval # and date _____ |
| <input type="checkbox"/> Biosafety Committee | <input type="checkbox"/> Pending or Approval # and date _____ |
| <input type="checkbox"/> Pharmacy & Therapeutics | <input type="checkbox"/> Pending or Approval # and date _____ |
| <input type="checkbox"/> Radiation & Chemical Safety | <input type="checkbox"/> Pending or Approval # and date _____ |
| <input type="checkbox"/> Stem cell committee | <input type="checkbox"/> Pending or Approval # and date _____ |
| <input type="checkbox"/> Cancer Scientific Review Committee | <input type="checkbox"/> Pending or Approval # and date _____ |
| <input type="checkbox"/> Is Intellectual property involved? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| <input type="checkbox"/> International Component/Export Control (Does this involve sending or performing any part of the project to or in another country?) | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| <input type="checkbox"/> Conflict of Interest Disclosure completed? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |

Principal Investigator

- I agree that all information on the Application and Budget is true, complete, and accurate
- I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant or contract is awarded as a result of the application

Signature of Principal Investigator _____

Signature of Mentor (if required) _____

Signature of Chair or Dean _____

FORMATTING: Pages must have a minimum of 1" margins on all sides, and text must be in 11-point font.