**Project Information**

UIC School of Public Health

Policy, Practice and Prevention Research Center

1603 W. Taylor Street, Chicago, IL 60612

Ph: 312.355.1086

 https://p3rc.uic.edu/pilot-research-grants/

For Internal Use Only:

Application No.

**FORM – P3RC Research Pilot RFP**

**Grant Application**

 **COVER PAGE**

Version 4.0

**I. Principal Investigator** *(If multiple PIs, enter the name of the Contact PI.)*

|  |  |
| --- | --- |
| Name:       | Title:       |
| Email:       | Home Unit:       |
| Phone:       | Administering Unit *(if other than home unit)*:       |

**Is the PI/PD at the Assistant professor rank or in the first two years of a faculty appointment in SPH?** [ ]  YES [ ]  NO

**II. Key Personnel**

|  |  |
| --- | --- |
| Name:       | Title:       |
| Email:       | Home Unit:        |
| Phone:       | Role:       |

|  |  |
| --- | --- |
| Name:        | Title:       |
| Email:       | Home Unit:       |
| Phone:        | Role:        |

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| --- | --- |
| Name:       | Title:        |
| Email:       | Home Unit:        |
| Phone:       | Role:       |

**III. Project Title** *(200 characters maximum)*

**IV. Project Period and Requested Budget Amount**

**Proposed Start Date** *(mm/dd/yy)*        **End** **Date** *(mm/dd/yy)*

**Requested budget: $**

**V. Key Words:**

a) Please provide up to **five** key words to describe the proposed study. Key words will be used to help identify reviewers for your proposal.

**Approvals and Certifications**

**VI. Cost Sharing:** Does the proposal budget include matching funds? [ ]  YES [ ]  NO

If yes, please specify:

**Funding Source:**

**Amount:** **$**

**VII. Compliance**

Does the project use or involve human subjects or tissues: [ ]  YES [ ]  NO

 Clearance required:

 [ ]  Pending [ ]  IRB #:

**VIII. Eligibility:** *The principal investigator certifies that he/she fulfills the eligibility requirements for the P3RC Research Pilot with at least 50% effort (teaching, clinical, and research) in the current academic year dedicated to the School of Public Health.* *Applicants must have a primary university appointment in the School of Public Health.* **PI Initials:**

**IX. Proposal Approval**

**Principal Investigator(s) and Senior/Key Personnel** *(UIC Personnel ONLY, Attach additional page if needed)*

*The investigator(s) agree to abide by all institutional requirements for administering the award.*

|  |  |  |
| --- | --- | --- |
|       |  |  |
| *Typed Name (Principal Investigator)* | *Signature* | *Date* |
|       |  |  |
| *Typed Name*  | *Signature* | *Date* |
|       |  |  |
| *Typed Name*  | *Signature* | *Date* |
|       |  |  |
| *Typed Name*  | *Signature* | *Date* |
|       |  |  |

**Department/Unit Head(s)** *(Attach additional page if needed)*

*The Department Chair/Unit Head has reviewed and approved the project and any resource commitments, and certifies that the research can be conducted safely and in compliance with federal and state laws. If the Principal Investigator is the department or unit head, the individual the PI reports to must sign.*

|  |  |  |
| --- | --- | --- |
|       |  |  |
| *Typed Name (Department/Unit Head)* | *Signature* | *Date* |
|       |  |  |
| *Typed Name ((Department/Unit Head)* | *Signature* | *Date* |
|       |  |  |
| *Typed Name (Department/Unit Head)* | *Signature* | *Date* |