

HEALTH

NIMHD – RCMI

Addictions Research and Cancer Prevention

Pilot Grant Program Application Cover Page

Year: **Semester:**

Submitting Principal Investigator			
PI Name:		Employee ID#:	
Department:		College:	
Email:		Phone:	
Other Key Personnel, as applicable			
Department:		Department:	
Department:		Department:	
Additional Proposal Information			
Community Collaborators:			
Project Title:			
Total Funds Requested:			

Does this proposal involve:

(Double click the box and check all that apply and provide protocol number if applicable)

- | | |
|--|---------------------------|
| <input type="checkbox"/> Animals | Protocol Number: |
| <input type="checkbox"/> Biological Materials | Protocol Number: |
| <input type="checkbox"/> Human Subjects | Protocol Number: |
| <input type="checkbox"/> Radioisotopes/Lasers/X-Rays | Registration/Sub-license: |

SIGNATURES

Principal Investigator(s) Date **Department Chair** Date

Pre-Award Administrator Date **Dean of College** Date