

# 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)*

- Animals    Protocol Number:
- Biological Materials    Protocol Number:
- Human Subjects    Protocol Number:
- Radioisotopes/Lasers/X-Rays    Registration/Sub-license:

**SIGNATURES**

\_\_\_\_\_  
**Principal Investigator(s)**                      Date

\_\_\_\_\_  
**Department Chair**    Date

\_\_\_\_\_  
**Pre-Award Administrator**                      Date

\_\_\_\_\_  
**Dean of College**    Date