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| Form Approved Through 9/1/2016 | | | |
| Child Health Research Institute  Clinician Educator (CE) Grants Program Application | | | |
| **1. TITLE OF PROJECT** *(Do not exceed 100 characters, including spaces and punctuation.)* | | | |
|  | | | |
| **2. RESUBMISSION APPLICATION**  No  Yes | | | **3. Type of Project**  Basic  Clinical  Both |
| **4. PRINCIPAL INVESTIGATOR** NAME *(Last, first)*       DEGREE(S) | | | |
| RANK  Clinical Assistant Professor    Clinical Associate Professor  . Clinical Professor | | | RESEARCH MENTORS *(List up to three)*  Name:       Email:  Name:       Email:  Name:       Email: |
| DEPARTMENT, DIVISION | | | CO-INVESTIGATORS *(List up to three)* |
| TELEPHONE, SUNET ID, AND EMAIL ADDRESS | | | Name: |
| TEL: |  | SUNET ID: | Name: |
| EMAIL: | | | Name: |
| **5. TOTAL COSTS REQUESTED**  Total Costs ($) | | **6. DEPARTMENTAL FINANCIAL MANAGER TO BE NOTIFIED IF AWARD IS MADE**  Name:       Email:       Phone: | |
| **6a. ORACLE FINANCIAL ORG CODE**  *(Ask Financial**Manager for 4 capital letters (e.g. WXYZ)* | | | **7. BIOSTATISTICS CONSULTATION** *(Required)*  **SPECTRUM/OTHER** Spectrum  Other |
| **8. SCH CLINICAL RESEARCH COORDINATOR SERVICES**  No  Yes | | | **9. STUDY NAVIGATOR REGISTRATION** *(Required)*  Yes |
| **10. PROJECT FUNDING STATUS** *(Check all that apply)* | | | |
| Not funded  Partially funded  Funding pending  Funding approved  Other  Industry  Foundation  Mentored award  Departmental | | | |
| **11. LIST 2 EXTERNAL FUNDING AGENCIES TO BE APPLIED FOR**  **Funding Agency**:       **Funding Agency**: | | | |
| **12. KEYWORDS** *(Enter 3-5)* | | | |
| **13. PROJECT SUMMARY** *(Do not exceed 200 words)* | | | |

BEGIN PROPOSAL HERE

1. Budget Worksheet and Budget Justification (maximum 2 pages)
2. Introduction (Resubmissions Only, maximum 2 pages)
3. Research Plan (maximum 4 pages)
   1. Specific Aims
   2. Relevance to Child and/or Maternal Health
   3. Background and Significance
   4. Preliminary Studies (if available)
   5. Research Design and Methods
   6. Potential Pitfalls and Contingency Plans
   7. Future Steps
4. Appendix (Figures and References) (maximum 3 pages)
5. Supporting Documents
   1. NIH Biosketches (maximum 4 pages)
      1. Applicant (Biosketch or CV accepted)
      2. Mentor(s) – if any
      3. Co-Investigator(s) – if any
   2. Letters of Support
      1. Mentor(s) – if any
      2. Co-Investigator(s) – if any
   3. IRB Approval Letter (required)