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| Form Approved Through 9/1/2016 |
| Child Health Research InstituteClinician Educator (CE) Grants Program Application |
| **1. TITLE OF PROJECT** *(Do not exceed 100 characters, including spaces and punctuation.)* |
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| **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)