Pilot Funding Application Form

PI Name: _____

Email: _____

Employee ID#: _____

Phone: _____

Department: _____

Total Funds Requested: _____

College: _____

Project Title

Statement of Relevance to the HEALTH Research Institute
250 words

HEALTH
Research Institute
Helping Everyone Achieve a LifeTime of Health

Name: _____ Dept: _____

Relevance to Specific External Funding Opportunities and Timeline for Application Submission Through the HEALTH Research Institute

500 words

Name: _____   Dept: _____

Request for
HEALTH Research
Institute Resources
250 words
(See this PDF for overview)

Attachments
Please attach the items on this checklist.

☐ Specific Aims Page (1 pg max)

☐ Planned Enrollment Table (Use NIH Format; as applicable)

☐ Research Plan/Approach (2 pg max)

☐ Significance & Innovation of the Proposed Research (1 pg max)

☐ NIH or NSF Formatted Biosketches of Key Personnel

☐ Project Budget Justification

☐ References (no limit)

☐ Project Budget (Use this UH budget template)

☐ All Key Personnel and University Affiliations

Does this Proposal Involve:
(Mark all that apply and provide protocol number if applicable.)

☐ Animals   Protocol #: _____

☐ Biological Materials (rDNA, Cells, Microorganisms, Biological Toxins) applicable)   Protocol #: _____

☐ Human Subjects   Protocol #: _____

☐ Radioisotopes/Lasers/X-Rays   Registration/Sub-license: _____

Submission Instruction:

Email to:
hri@central.uh.edu
Subject Line: Pilot Funding Application_insert PI last name

All signature lines must be signed. HRI will not process unsigned/incomplete forms

Signatures

_____
Principal Investigator(s)

_____
Department Chair

_____
Date

_____
Dean of College