**APPLICATION**

1. **Project Title** Click or tap here to enter text.
2. **Name of Applicant and Department**

Click or tap here to enter text.

1. **Name and contact information for ALL individuals on the project including title, office address, telephone number and e-mail address. Denote project leader with an asterisk.**

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| --- | --- | --- | --- | --- |
| Name | Title | Office Address | Telephone Number | E-mail |
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1. **Name of Department Head/Chair, Office Address, Telephone Number and E-mail Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Office Address | Telephone Number | E-mail |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Total Amount of Grant Funds Being Requested** Click or tap here to enter text.

1. **Applicant Agreement**

In the event a grant is awarded to support this application, the applicant agrees to adhere to all award conditions specified as outlined in the guidelines which accompanied this application.

Click or tap here to enter text. Click or tap here to enter text.

Typed Name and Signature Date

Click or tap here to enter text.

Typed Name of Department Head

Signature of Department Head Date

Electronic Submission Required

An electronic copy of the completed application along with appendices formatted appropriately (***1-inch margins and 12 point font***) for Microsoft Word or pdf file must be e-mailed to dzbrown@uic.edu by **FEBRUARY 1**. 8-page limit.

For further assistance, contact Daliah Brown at 815.395.5733, email dzbrown@uic.edu.

1. **TITLE** Click or tap here to enter text.
2. **ABSTRACT** - Summarize the proposed project outlining succinctly the objective and methodology. Maximum of 500 words.

Click or tap here to enter text.

1. **SPECIFIC AIMS (1 page)**

Click or tap here to enter text.

1. **BACKGROUND AND SIGNIFICANCE (2 pages)**

Click or tap here to enter text.

1. **METHODS (4 pages)**
* **Overview of design**
* **Study Subjects**
	+ **Selection criteria**
	+ **Design for sampling**
	+ **Plans for recruitment**
* **Measurements**
* **Statistical analyses**

Click or tap here to enter text.

1. **TIMELINE (1 page)**

Click or tap here to enter text.

1. **BUDGET –**

**Detailed budget for initial budget period (NOTE: meal/refreshment costs are not allowed)**

**FROM:** Click or tap here to enter text. **THROUGH:** Click or tap here to enter text.

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| --- |
| **PERSONNEL** |
| **NAME** | **ROLE ON PROJECT**  | **TYPE OF APPOINTMENT**  | **% EFFORT ON**  |
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**DIRECT COSTS ONLY**

|  |
| --- |
| **CONSULTANT COSTS**  |
| **Person/Organization** | **Cost** | **Total** |
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| **EQUIPMENT *(Limits: $1,000 for faculty, $500 for student)***  |
| **Item**  | **Cost**  | **Total** |
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| **SUPPLIES *(Itemize by category)*** |
| **Item** | **Cost** | **Total** |
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| **TRAVEL *(Maximum $1,000 allowed)***  |
| **Item** | **Cost** | **Total**  |
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| **PATIENT CARE COSTS**  |
| **Inpatient** | **Cost**  | **Total**  |
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| **Outpatient** | **Cost**  | **Total**  |
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| **OTHER EXPENSES (Itemize by category)** |
| **Item**  | **Cost**  | **Total**  |
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| **CONSORTIUM/CONTRACTUAL COSTS**  |
| **Item** | **Cost** | **Total**  |
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| **TOTAL COSTS FOR INITIAL BUDGET PERIOD** | **$**Click or tap here to enter text. |

1. **BUDGET JUSTIFICATION –** For each category of expense where there is an entry, a brief statement of justification is required. NOTE: For the positions listed in Personnel, provide detail of each individual’s role on the project. No salary compensation is allowed. (1 page)

Click or tap here to enter text.

1. **REFERENCES**

Click or tap here to enter text.

1. **APPENDIX – Limit three appendices to include supporting data/documents and letters of** support.

Click or tap here to enter text.

1. **ATTACH CURRENT APPROVAL LETTER(S) FROM THE RELEVANT RESEARCH REVIEW COMMITTEES (IRB, BRC, IBC, ESCRO, ETC.)**