

FORM – SPH Seed Funding
Program Grant Application 2009
(Winter)

Version 1.0

School of Public Health
Office of the Dean

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Chicago, IL 60612
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<http://www.uic.edu/sph/research.htm>

Cover Page

Project Details

For Internal Use Only: No.: WN09-

1. Principal Investigator

Name: _____ Title: _____

College/School: _____ Department: _____

Email: _____ Phone: _____

Co-Investigator(s)

Name: _____ Title: _____

College/School: _____ Department: _____

Email: _____ Phone: _____

Name: _____ Title: _____

College/School: _____ Department: _____

Email: _____ Phone: _____

Name: _____ Title: _____

College/School: _____ Department: _____

Email: _____ Phone: _____

2. Project Title: _____

3. Budget Request: \$ _____

4. Please check if the following key words apply to the research involved:

Health Disparities

Translational

Interdisciplinary

Emerging Threats

Global Health

5. Matching Funds Statement (If applicable):

Approvals and Certifications

6. Approval Checklist

Note Approval # or Pending

Human Subjects or tissues

IRB Protocol Number:

Institutional Review Board (IRB) approval must be obtained prior to initiation of any research activity that involves human subjects.

7. Signatures:

Principal Investigator and Co-Investigator(s) (Attach additional page if necessary)

The investigator(s) agree to abide by all institutional requirements for administering the award.

Typed Name (Principal Investigator)

Signature

Date

Typed Name (Co-Investigator)

Signature

Date

Typed Name (Co-Investigator)

Signature

Date

Typed Name (Co-Investigator)

Signature

Date

Department/Unit Head(s) (Attach additional page if necessary)

The Department Chair/Unit Head has reviewed and approved the project and any resource commitments, and certifies that the research can be conducted safely and in compliance with federal and state laws. If the Principal Investigator is the department or unit head, the individual the PI reports to must sign.

Typed Name (Department/Unit Head)

Signature

Date

Typed Name (Department/Unit Head)

Signature

Date

Typed Name (Department/Unit Head)

Signature

Date

Typed Name (Department/Unit Head)

Signature

Date