

APPLICATION FOR 2024 GIRG GRANT

|  |  |  |  |  |  |  |  |  |  |
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| Project Title: |  | | | | | | | | |
| Principal Investigator (PI) Name: |  | |  | | | | | |  |
|  | Last | | First | | | | | | MI |
| Office Address: |  | | | | | | | | |
| Department: |  | School: |  | | Campus: | |  | | |
| Tenured; Clinical; Other? |  | | |  |  | | | |  |
| **[List all Co-PIs on the project with their addresses, departments, schools, campuses, and tenure status.]** | | | | | | | | | |
| Co-PI Name: |  | |  | | | | |  | |
|  | Last | | First | | | | | MI | |
| Office Address: |  | | | | | | | | |
| Department: |  | School: |  | | | Campus: | |  | |
| Tenured; Clinical; Other? |  | | | | | | | | |
| Co-PI Name: |  | |  | | | | |  | |
|  | Last | | First | | | | | MI | |
| Office Address: |  | | | | | | | | |
| Department: |  | School: |  | | | Campus: | |  | |
| Tenured; Clinical; Other? |  | | | | | | | | |
| Co-PI Name: |  | |  | | | | |  | |
|  | Last | | First | | | | | MI | |
| Office Address: |  | | | | | | | | |
| Department: |  | School: |  | | | Campus: | |  | |
| Tenured; Clinical; Other? |  | | | | | | | | |

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| 1. **Please provide a 200-word summary of this proposal.** (Attach a separate sheet.) | | |
| 2. Budget Amount Requested $ | | |
| 3. Have you applied (or will you apply) to another organization for funding the same project? (If yes, list the organization.) | Yes | No |