Pilot and Feasibility Program Face Sheet

Name of PI:

Degree:

Academic Rank:

Department:

Division:

Phone Number:

E-mail:

Short Title of Project: (Not to exceed 56 characters)

Type of Application: Pilot Project or Collaborative Project:

Budget:

Supplies:

Small Equipment:

Personnel:

Other: $

TOTAL BUDGET:

Has the PI of a pilot project application recently been part of a group led by a more advanced investigator? (If yes, please include a letter citing independence of the PI)

|  |  |
| --- | --- |
| Yes  | No  |

Place an X if applicable

|  |  |
| --- | --- |
| Human Subjects:  | Radioisotopes:  |
| Biohazards:  | Animals:  |

Summary: (Write a short paragraph, not to exceed the space below, describing major aims of the project and the approach t be used. This abstract will be provided to all members of the Committee.)

Applicant’s Signature:

 Date

Division Director or

Department Chair Signature:

 Date

For additional information, please contact Dr. Keith Wilson at 343-5675 or Scharneitha Britton at 322-4225.