COVER PAGE

New York and New Jersey Education and Research Center

2021 Pilot Projects Research Training Program Funding

Application Form

|  |
| --- |
| **A. Project Title** |
|  |
| **B. Applicant information** |
| **Principal Investigator**: |
| **Affiliation/Organization**: |
| **Title of Position**: **Year received terminal degree**: |
| **Street Address**: |
| **City**: **State**: **Zip**: |
| **Telephone**: |
| **E-mail Address**: |
| **C. Co-investigator/Mentor** |
| **Name(s), title(s), and E-mail(s) of co-investigator(s) (if applicable):** |
| **If the Principal Investigator is a student or trainee, complete the following information.**  **Name of Institution:**  **Type of program & major concentration:**  **Degree sought & anticipated completion date:**  **Mentor's name, title, and E-mail:** |
| **D. Budget & IRB** |
| **Total amount of budget requested (total cost = direct cost + indirect cost):** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you applied for, or are you receiving, other funds for this study?** Yes / No |
| **Has your research proposal been submitted to an Institutional Review Board (IRB)?** Yes / No  If yes, what is the current status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no, when are you planning to apply for IRB? [\*Note: all awarded projects must obtain IRB approval before June 30th, 2021] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please sign below and enter date of submission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date