The Hitchcock Foundation

One Medical Center Drive

Lebanon, NH 03756

*Supporting Research and Education since 1946*

PILOT RESEARCH GRANT APPLICATION COVER PAGE

|  |
| --- |
| **Title of Research Project:**  |
| **The project will use human subjects** [ ]  **Yes** [ ]  **No** |
| **The project will use or disclose Protected Health Information (PHI)** [ ]  **Yes** [ ]  **No** |
| **The project will use live animals** [ ]  **Yes** [ ]  **No** |
| *NOTE: Human Subjects (IRB) or Institutional Animal Care and Use Committee (IACUC) approval must be on file prior to release of funds.*  |
|  |
| **Amount Requested:** | $XX,XXX | **Begin Date:** XX/XX/XXXX | **End Date:** XX/XX/XXXX |
|  |  |
| **Principal Investigator (PI):** |  | **Title:** |  |
| **PI Email:** |  | **Phone:** |  |
| **% Effort:** |  |
| **PI is employed by:** | [ ]  Dartmouth Health  | [ ]  Dartmouth College\*/Geisel\*  |
| \*Office of Sponsored Projects (OSP) requirements and deadlines: [Proposal Review & Approval Overview (dartmouth.edu)](https://www.dartmouth.edu/osp/pre-award-development/proposal_review_approval/) |
|  |  |
|  **PI Department:** |  | **Dept Chair:** |  |
|  **PI Section:** |  | **Sect Chief:** |  |
|  |  |
| **Sub-Investigator Name & Title:** |  |
| **% Effort:** |  |
|  |  |
| **Sub-Investigator Name & Title:** |  |
| **% Effort:** |  |
|  |  |
| **Sub-Investigator Name & Title:** |  |
| **% Effort:** |  |

I acknowledge and understand The Hitchcock Foundation Policy and Guidelines for Pilot Research Grants

Principal Investigator/Applicant Signature: Date:

**Institutional Approval Signatures: Dartmouth Health** – Department Chair signature;

**Dartmouth College** – OSP Signature. *OSP’s signature confirms the PI and sub-investigators are current with ALL Conflict of Interest Disclosure reporting requirements.*

Institutional Approval: Signature Printed Name