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:** |  | | | | | |
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| **Sub-Investigator Name & Title:** |  | | | | | |
| **% Effort:** |  | | | | | |
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| **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