**TITLE**

1. **Project Information (1 page)**

Principal Investigators

Name, degree

Academic Title

Department, School

Address

Phone

Email

Co-Investigators

Name, degree

Academic Title

Department, School

Address

Phone

Email

Title

Keywords

1. **General Audience Abstract (1/2 page)**

The purpose of this general audience abstract is to disseminate the research being done under CHOIR to the LUC community at-large.

1. **Scientific Abstract (1/2 page)**
2. **Long-Term Objectives and PI Leadership Plan Table for Multi-PI Proposals (1 page)**

Short description of the aims of the project, followed by why this project is important, what knowledge gap and/or data availability issues it will address in the context of subsequent external funding to state and federal agencies or foundations. In particular, this section should highly specific mechanisms and dates that the PI are targeting after completion of the CHOIR project.

1. **Project**

**Specific Aims (1 page)**

**Research Plan (3 pages not including references)**

1. **Significance**
2. **Innovation**
3. **Approach**
4. **References**
5. **Budget and Budget Justification**

## CHOIR PILOT PROJECT

## Application Budget Form

|  |  |
| --- | --- |
| **PI Name:** |  |
| **PI Department:** |  |
| **Project Title:** |  |

\*PI & Co-Investigator salary support not allowed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONNEL** | | **TYPE APPT. (months)** | **% EFFORT ON PROJECT** | **% SALARY REQUESTED** | **INST. BASE SALARY** | **DOLLAR AMOUNT REQUESTED (omit cents)** | | |
| **NAME** | **ROLE ON PROJECT\*** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **AMOUNT REQUESTED** |
|  | Principal Investigator |  |  | **0** |  |  |  |  |
|  | Principal Investigator |  |  | 0 |  |  |  |  |
|  | Co-Investigator |  |  | 0 |  |  |  |  |
|  | Co-Investigator |  |  | 0 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ***SUBTOTALS – PERSONNEL*** | | | | | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description** | | **AMOUNT REQUESTED** |
| **EQUIPMENT** |  | |  |
| **SUPPLIES** |  | |  |
| **TRAVEL** |  | |  |
| **PATIENT CARE COSTS** | **INPATIENT** |  |  |
| **OUTPATIENT** |  |  |
| **OTHER EXPENSES** |  | |  |
| ***TOTAL DIRECT COSTS*** | | |  |

Indirect Costs not allowed.

**Budget Justification (1 page)**

PI Names

Other key personnel

Personnel

Equipment

Supplies

Travel

Patient Care Costs

Other Expenses

1. **Biosketches (NIH Format)**

Use OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

Make sure that biosketches include current support.