

APPLICATION FOR 2024 GIRG GRANT

Project Title:			
Principal Investigator (PI) Name:			
	Last	First	
Office Address:			
Department:	School:	Campus:	
Tenured; Clinical; Other?			

[List all Co-PIs on the project with their addresses, departments, schools, campuses, and tenure status.]

Co-PI Name:			
	Last	First	MI
Office Address:			
Department:	School:	Campus:	
Tenured; Clinical; Other?			
Co-PI Name:			
	Last	First	MI
Office Address:			
Department:	School:	Campus:	
Tenured; Clinical; Other?			
Co-PI Name:			
	Last	First	MI
Office Address:			
Department:	School:	Campus:	
Tenured; Clinical; Other?			

1. Please provide a 200-word summary of this proposal. (Attach a separate sheet.)	
2. Budget Amount Requested \$	
3. Have you applied (or will you apply) to another organization for funding the same project? (If yes, list the organization.)	<input type="radio"/> Yes <input type="radio"/> No