**Harvard T.H. Chan School of Public Health Education and Research Center**

**Pilot Project Application**

**Application Deadline: April 12, 2024, 5 pm ET**

**Application Date**:

**Principal Investigator:**

**Department**:

**Organization**:

**Street Address**:

**City**: **State**: **Zip**:

**Telephone**:

**Email Address**:

**Co-Investigator (if applicable, see “B. Eligibility”)**:

**Department**:

**Organization**:

**Street Address**:

**City**: **State**: **Zip**:

**Telephone**:

**Email Address**:

**Trainee (see “B. Eligibility”)**:

**Department**:

**Organization**:

**Street Address**:

**City**: **State**: **Zip**:

**Telephone**:

**Email Address**:

**Project Title:**

**Title of Parent Grant (if applicable):**

**Project Start Date: 07/01/2024 Project End Date: 12/31/2025**

**Human Subjects/Animal Use approval required? YES NO**

IF YES, what is the breakdown of gender and minority subgroups?

If YES, will any specific subgroups be excluded? Please explain.

If YES, what is the status of the human subjects/animal use application?

**NORA or other NIOSH Priority Areas addressed**:

**New England Regional Need(s) addressed:**

**Required format:**

* **Arial 11 pt. regular font, narrow (0.5”) margins.** Applications exceeding page limits will not be accepted for review.
* **Project Abstract** (Limit 14 lines)
* **Project Description:** Aims, Significance, and Research Approach (**limit 3 pages**)
* **Specific Aims**
* **Background and Significance**
* **Research Approach**

**Please also include the following (not included in the page limit):**

* References cited in the proposal.
* Timeline showing start/completion times of major activities.
* NIH Biosketch (2 pages) for each faculty investigator/PI and Trainee.
* Detailed Budget and Budget justification.
* Suggested reviewers (at least three including at least one potential reviewer external to Harvard T.H. Chan School of Public Health)

Full names, institutions, and email addresses:

1.

2.

3.

4.

|  |
| --- |
| Budget:  |
| Salaries (**not for PI or Co I**)

|  |  |  |  |
| --- | --- | --- | --- |
| PERSONNEL *(Applicant organization only)* | Months Devoted to Project |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | Cal.Months | Acad.Months | SummerMonths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| **SUBTOTALS** |       |       |       |
| SUPPLIES (*Itemize by category)* |  |
| TRAVEL |  |
| OTHER EXPENSES *(Itemize by category)* |  |

 |
| **TOTAL DIRECT COSTS**  | **$** |  |

**Budget Justification** (Detail expenses and explain how funds will be used. Please refer to Section E of the RFA for budget requirements and restrictions. Address any overlap between funds requested and funding already received for this or closely related research.)