**Cover Sheet for UF Health CAN Pilot Award Proposal**

|  |  |
| --- | --- |
| Project Title |  |

**Please indicate your status:**

Trainee  Junior Faculty  Senior Faculty

**Please indicate whether you have been the PI on a previous UF Health CAN Pilot Award:**

No  Yes

|  |  |
| --- | --- |
| Principal Investigator Name |  |
| Position/Title |  |
| UFID |  |
| Email |  |
| Fiscal / Admin Contact (Name & Email) |  |

|  |  |
| --- | --- |
| Co-investigator Name |  |
| Position/Title |  |
| UFID |  |

|  |  |
| --- | --- |
| Co-investigator Name |  |
| Position/Title |  |
| UFID |  |

|  |  |
| --- | --- |
| Co-investigator Name |  |
| Position/Title |  |
| UFID |  |

|  |  |
| --- | --- |
| Mentor Name (Trainee and junior faculty) |  |
| Position/Title |  |
| UFID |  |

**Human/Vertebrate Animal Subjects and Proprietary/Privileged Information**

***Note:*** Projects that are awaiting funding to begin may wait until after Notice of Award to submit protocols to IRB or IACUC, but applicants should demonstrate they have taken preliminary steps to prepare submissions so minimal time will be lost in securing approvals. Once approvals are received, please forward to XXXX

1. Are human subjects involved?  Yes  No
   1. If YES, does this project require IRB approval? Yes No

If YES,

Is the IRB’s review of your protocol in progress?  Yes  No

IRB approval date (mm/dd/yyyy): \_\_\_\_\_\_\_\_

IRB project # (if known): \_\_\_\_\_\_\_\_\_

1. Are vertebrate animals used?  Yes  No
   1. If YES,

Is the IACUC’s review of your protocol in progress?  Yes  No

IACUC approval date (mm/dd/yyyy): \_\_/\_\_\_\_/

IACUC project # (if known):

1. Is proprietary/privileged information included in the application?  Yes  No

**Signatures**

Principal Investigator Department Chair or Representative

**SPECIFIC AIMS (Do not exceed 1 page)**

**RESEARCH STRATEGY (Do not exceed 3 pages)**

Please include:

- significance, impact, approach, recruitment strategy and retention plan, expected outcomes (2.5 pages)

- infra-structure, feasibility, and utility of a telehealth approach and project timeline (0.5 page)

**References (Do not exceed 1 page)**

**UF Health CAN Pilot Budget Justification Worksheet**

|  |  |
| --- | --- |
| P.I. (Last, First): |  |
| Proposal Title: |  |

See below for detailed budget:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personnel. List all Key Personnel i.e. PI, Co-I, Mentor, etc., Describe study role and amount of effort for each. Include source of funding for effort and pilot funding request if applicable (i.e. Dept., Grant, etc.)** | | | | | | |
| **Name** | **Role** | **% Effort** | **Cal.Mo** | **Salary** | **Total** | **Source of funding** |
| **Total requested for personnel from the UF Health CAN:** | | | | | | |
| **Consultants. List all consultants. Describe study role. Include source of funding** | | | | | | |
|  | | | | | | |
| **Total requested for consultants from the UF Health CAN:** | | | | | | |
| **Equipment. Major equipment is not an allowable budget item for this RFA. In order to evaluate the request for funding, provide description, purpose, total cost, useful life information and funding source** | | | | | | |
|  | | | | | | |
| **Total requested for equipment from the UF Health CAN:** | | | | | | |
| **Supplies. In order to evaluate the request for funding, provide description, purpose, total cost, and funding source** | | | | | | |
|  | | | | | | |
| **Total requested for supplies from the UF Health CAN:** | | | | | | |
| **Travel. In order to evaluate the request for funding, provide description, purpose, location, total cost, and funding source** | | | | | | |
|  | | | | | | |
| **Total requested for supplies from the UF Health CAN:** | | | | | | |
| **Inpatient Care Costs.** | | | | | | |
|  | | | | | | |
| **Outpatient Care Costs.** | | | | | | |
|  | | | | | | |