Connors Center IGNITE Awards

**2022 RESEARCH PROPOSAL COVER SHEET FOR INVITED PROPOSALS**

*Please submit this form via email at* *ConnorsCenter@bwh.harvard.edu*

*by 12pm on* ***January 15th, 2022***

|  |  |  |
| --- | --- | --- |
| **APPLICANT / PRINCIPAL INVESTIGATOR** | Name and Degree |  |
| Email |  |
| BWH Department, Division |  |
| Academic Rank  |  |
| Number of years in current rank |  |
| Date PhD and/or MD awarded |  |
| Please indicate the IGNITE Award for which you are applying (select 1) |  [ ] 2022 Traditional IGNITE Award [ ] 2022 Specialized Cardiac & Vascular IGNITE Award [ ] Both IGNITE Awards |
| I confirm that I personally prepared this form (sign & date) |  |

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |

|  |  |
| --- | --- |
| **1-2 SENTENCE NARRATIVE IN LAY LANGUAGE** |  |

|  |  |  |
| --- | --- | --- |
| **DIVISION CHIEF, DEPT. CHAIR, LAB. PI, OR MENTOR** | First & Last Name |  |
| Email |  |
| I have reviewed and approved this application (signature & date) |  |
| **DEPT. ADMINISTRATOR** | First & Last Name |  |
| Email |  |
| I have reviewed and approved this application (signature & date) |  |

Connors Center IGNITE Awards

**2022 INVITED PROPOSAL BUDGET TEMPLATE**

*Please submit this form with your Full IGNITE Proposal via email to at* *ConnorsCenter@bwh.harvard.edu*

*by 12pm on* ***January 15, 2022.***

|  |  |  |
| --- | --- | --- |
| **Name and Degree:** | **From:** | **Through:** |
| **Institution:** |
| **Personnel**Name, Role | % Effort | Salary Requested | Fringe Benefits | Total Requested |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTALS**  |  |  |  |  |
| **Consultants** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Travel** |  |
| **Other** |  |
| **TOTAL DIRECT COSTS**  |  |  |
| **Justification (200 word max):**  |