Connors BWH-MGB Collaborative IGNITE Award

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

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

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

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

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

***For Principal Investigators Only:***

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| --- | --- | --- |
| **PRINCIPAL INVESTIGATOR****BACKGROUND & CREDENTIALS** | Name, Degree; Email |  |
| BWH Department, Division |  |
| Academic Rank, Number of years  |  |
| Date PhD and/or MD awarded |  |
| **BWH DIVISION CHIEF, DEPT. CHAIR, LAB. PI, OR MENTOR** | Name; Email |  |
| I have reviewed and approved this application (signature & date) |  |
| **BWH DEPT. ADMINISTRATOR** | Name, Email |  |
| I have reviewed and approved this application (signature & date) |  |

***For Co-Investigators Only:***

|  |  |  |
| --- | --- | --- |
| **CO-INVESTIGATOR****BACKGROUND & CREDENTIALS** | Name, Degree; Email |  |
| MGB Institution, Department |  |
| Academic Rank, Number of years  |  |
| Date PhD and/or MD awarded |  |
| **DIVISION CHIEF, DEPT. CHAIR, LAB. PI, OR MENTOR** | Name; Email |  |
| I have reviewed and approved this application (signature & date) |  |
| **DEPT. ADMINISTRATOR** | Name; Email |  |
| I have reviewed and approved this application (signature & date) |  |

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**Principal Investigator Signature Date**

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**Co-Investigator Signature Date**

 Connors Center IGNITE Awards

**2022 INVITED PROPOSAL BUDGET TEMPLATE**

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

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

***Please note that Collaborative IGNITE Award proposals should include TWO budgets - one for each Institution.***

|  |  |  |
| --- | --- | --- |
| **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):**  |