

**Department of Family Medicine
Pilot Research Project Funding
Application Cover Sheet**

Title of Project:

| | |
|---|---|
| Principal Investigator Name: | |
| Email: | |
| PI Title: | |
| Primary academic affiliation (list one only): | |
| Physician group membership (select one): | <input type="checkbox"/> I am a physician member of Family Medicine Associates <input type="checkbox"/> I am a community physician or faculty researcher |
| Research focus (select one): | <input type="checkbox"/> Primary care research <input type="checkbox"/> Medical education research |
| LOI submission for New Investigator mentored process | <input type="checkbox"/> LOI, if applicable |
| Are you a new investigator? (i.e. held a research appointment for a period of 0 to 5 years) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you received DFM Pilot funding in the past 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature: | |
| Date: | |

Co-investigators:

Note: Along with your application package, please attach email confirmation from each co-investigator that they agree to be listed on the application.

| | |
|---------------------|-----------------------|
| Co-investigator # 1 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |
| Co-investigator #2 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |
| Co-investigator #3 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |
| Co-investigator #4 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |
| Co-investigator #5 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |
| Co-investigator #6 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |
| Co-investigator #7 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |
| Co-investigator #8 | Name: |
| | Email: |
| | Title: |
| | Academic Affiliation: |