The Hitchcock Foundation

One Medical Center Drive

Lebanon, NH 03756

APPLICATION FOR THE SUSAN A. REEVES ADVANCED PRACTICE PROVIDER GRANT COVER PAGE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title of Project:** | | | | | | |
| **The project is:** | Quality Improvement | | Research | | | |
| **The project will use human subjects:**  **Yes**  **No** | | | | | | |
| **The project will use or disclose Protected Health Information (PHI):**  **Yes**  **No** | | | | | | |
|  | |  | | | | |
| **Budget Amount Requested:** | | $ | | | *Not to exceed $30,000.* | |
| **Dates of Project (MM/DD/YY):** | | Begin: | | | End: | |
|  | |  | | | | |
| **Principal Investigator (PI)/Applicant:** | |  | | | | |
| **PI Degree & Position Title:** | |  | | | | |
| **PI Email & Telephone:** | |  | | | | |
| **PI Meets Eligibility Requirements:** | | **Yes**  **No** | | | | |
| **PI % Effort:** | |  | *Grant Funds may be used to support up to 10% of PI time.* | | | |
|  | |  | | | | |
| **Department:** | |  | | **Dept Chair:** | |  |
| **Section:** | |  | | **Sect Chief:** | |  |
|  | |  | | | | |
| **Mentor Name, Degree & Title:** | |  | | | | |
|  | |  | | | | |
| **Sub-Investigator Name, Degree & Title:** | |  | | | | |
|  | |  | | | | |
| **Sub-Investigator Name, Degree & Title:** | |  | | | | |
| Sub-Investigator(s) is **not** named in another application being submitted this cycle | | | | | | |

I acknowledge and understand the terms and conditions of this application.

Applicant (PI) Signature:

Institutional Approval:

Department Chair Signature Printed Name

Institutional Approval:

Practice Manager or Nurse Manager Signature Printed Name

(if requesting protected time)