**Dissemination and Implementation Small Grants Program**

*Center for Dissemination and Implementation (CDI)*  I *Washington University Institute of Public Health (IPH)*

Small Grants Form: Request for IPH CDI Small Grants Funding

Submit documents to [DANDI@wustl.edu](mailto:DANDI@wustl.edu) by April 4th, 2022 at 5pm

Please TAB through this document in order to keep form formatting

|  |  |  |  |
| --- | --- | --- | --- |
| Date Submitted: |  | | |
| Principal Investigator (PI): |  | Phone #: |  |
| Is PI an IPH Scholar?  (Yes or pending and explain status) |  | Is PI faculty? |  |
| Institution/School/Department: |  | | |
| Fellow/Trainee:  (If PI is mentor for project to be conducted by research trainee) |  | | |
| Relevant Co-Investigator(s) Name/Institution/Dept: |  | | |
| Project Title: |  | | |

Regulatory and Contractor/Consultant Information:

|  |  |
| --- | --- |
| \*IRB Approval #, pending, or N/A  (human subjects) |  |
| Contractor or Consultant to be used (if applicable): |  |
| Name of Contractor or Consultant Contact(s) providing Confirmation Form(s) and Quote(s): |  |

*\*NOTE: requests will not be funded until regulatory approvals are obtained (if applicable).*

*IPH CDI funding will expire one year after awarded.*

Budget Details

Complete the summary budget table on the next page. Please include any relevant the quotes with your submission to the CDI. Also complete the “CDI Small Grants Detailed Budget” form and save it as a separate PDF to include with your submission e-mail.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | | | | | | | | |
|  | | | | | | | | | |
| **REVIEWER SUMMARY BUDGET FOR BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | FROM | | THROUGH | |
| 07/01/2022 | | 06/30/2023 | |
| PERSONNEL | | | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | |
| NAME | | ROLE ON PROJECT | EFFORT ON PROJ. | INST. BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | TOTAL |
|  | | Principal Investigator |  |  | | | | | |
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| **SUBTOTALS** | | | | |  | |  | |  |
| CONSULTANT COSTS | | | | | | | | |  |
| EQUIPMENT (*Itemize)* | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | |  |
| TRAVEL | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT |  | | | | | | |  |
| OUTPATIENT |  | | | | | | |  |
| CONSORTIUM COSTS | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | |  |
| **TOTAL DIRECT COSTS** | | | | | | | | | $ |

PI Request Justification *(not to exceed 4 pages)*

|  |
| --- |
| 1. MENTOR SUBMITTING AS PRINCIPAL INVESTIGATOR FOR RESEARCH FELLOW/TRAINEE PROJECT   If this project will be conducted by a research fellow/trainee identified on the first page of this application, briefly describe the circumstance, or note N/A. |
| 1. FUNDING OVERLAP   A. What other funding is currently available for this project? If funding exists, explain why additional funding is needed and provide specifics regarding funding source (i.e. internal, external, agency name, agency #, etc.)  NOTE: If the CDI Small Grants Program requested costs are less than the full project costs, explain the additional funding source for this project. |
| B. Have you or any of your collaborators previously received BJHF/ICTS Pilot funding or JIT funding, for this same project?  Yes  No If yes, please explain. |
| 1. PURPOSE   This program is designed to support investigators in obtaining final data for developing a Dissemination and Implementation Research proposal to be submitted for extramural funding.  **Describe how the IPH CDI Small Grants Program funding will help you obtain external funding.**  In your answer, include all five of the following: 1) name of PI for external grant submission; 2) funding agency; 3) funding mechanism; 4) name and brief description of proposal; and 5) anticipated date of submission. |
| 4. ABSTRACT (150 words or less) |
| 5. PROJECT SUMMARY CHART   |  |  |  |  | | --- | --- | --- | --- | | **Setting** | **Next Stage Funding** | **Evidence-Based Practice** | **Keywords** | |  |  |  |  | |
| 6. PROJECT SPECIFICS. PLEASE PROVIDE:   1. A brief description of the project 2. The problem does this study addresses 3. The evidence based intervention, policy, practice or guideline this study involves 4. The setting and provider the study addresses 5. Study design and methods 6. If applicable, address ability/plan to meet recruitment within the 12 month Small Grants funding period |

**If needed, you may use an additional page to answer question 6.**