

**Pilot Project
Grant Application**
Face Page

**The Center for Collaboration on
Climate and Community for Health
(C4H)**

1. TITLE OF PROJECT (<i>Do not exceed 81 characters, including spaces and punctuation.</i>)	
2. AWARD CATEGORY <input type="checkbox"/> Urban Resilience Award <input type="checkbox"/> Grassroots Collaboration Award	
3. PRINCIPAL INVESTIGATOR	
3a. NAME (Last, first, middle)	3b. DEGREE(S) 3h. eRA Commons Username
3c. POSITION TITLE	3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>) E-MAIL ADDRESS:
3e. DEPARTMENT	
3f. COLLEGE (if applicable)	
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: FAX:	
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes	4a. Research Exempt If "Yes," Exemption No. <input type="checkbox"/> No <input type="checkbox"/> Yes
4b. IRB Status <input type="checkbox"/> Approved <input type="checkbox"/> Under Review <input type="checkbox"/> Not Submitted	4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes 4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes
5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	5a. Animal Welfare Assurance No.
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>) From Through	7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) 7b. Total Costs (\$)
	8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 8a. Direct Costs (\$) 8b. Total Costs (\$)
9. APPLICANT ORGANIZATION Name Address	10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business APPLICANT SIGNATURE:
11. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	DATE: