



Children's Discovery Institute Grant Application

Project Title:
CDI Center:
Project Start Date:
Project End Date:
Total requested amount:

Project Summary

Brief background of the proposal and its relevance to the CDI's objectives.

- Patient Impact/Targeted Demographics: What is the target population (e.g. race, geographic area, gender)? How many will be served by the project/program (unique individuals)?
- Potential impact on child health: What patient needs and/or problems will be addressed through this program/project?
- Specific aims/goals: What will this project accomplish or what will change for participants (knowledge, behaviors, reduced disparity)? If so, when, how many, how is it recorded? If necessary, how will you monitor & change course to ensure diversity?

Budget Summary

Budget Categories	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel (salaries & benefits)						0
Consultant Costs						0
Equipment						0
Supplies						0
Travel						0
Patient Care Costs						0
Other Expenses						0
Consortium Costs						0
Direct Costs	0	0	0	0	0	0
Indirect Cost						0
Grand Totals	0	0	0	0	0	0

Contact Information

PI Name:

PI Title:

PI Email:

PI Phone Number:

Admin Contact Name/info (if different than PI):