

Spring 2016

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**1. Contact PI Information**

Name (Last, First) : \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Department of (Primary affiliation only): \_\_\_\_\_  
College/School: \_\_\_\_\_

**2. Other PIs or Co-Is:** List as follows: Last Name, First Name, Department. If more than one, separate each entry with a semi-colon, e.g. Garcia, Mary, Biological Sciences; Prasad, Michael, Medicine;

**3. Business Manager:**

Name (Last, First) : \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Working Title of Research Project** (  Check box if resubmission)

**5. Keywords Describing Project and Recommended Reviewer Expertise** (please separate each keyword or term with a semi-colon):

**6. Lay Summary:**

By submission of this form, applicant attests that s/he has read and meets the eligibility criteria for this program.