

Full Name:

Phone Number:

E-mail Address:

Associated University or Organization:

Do you identify as:

American Indian Yes No

 If yes, please specify your primary tribal affiliation:

Alaskan Native Yes No

Native Hawaiian Yes No

Pacific Islander Yes No

Proposed Pilot Project Title:

Total Dollar Amount Requested:
indirect costs

Note: the program does not cover

Do you have a CHANGE Contact? Yes No

If yes, please specify:

Please check areas where you may need additional assistance

IRB/Tribal Research Approvals

Dissemination of Information
Presentations & Publications

Project Coordination and Planning

Methodology Development
Survey, Recruitment, Analysis

Database Creation and Management

Other: