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: *Note: the program only allows the 8% NIH Training rate for indirect costs*

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: