

INITIAL GRANT REGISTRATION

Full Name:

Phone Number:

E-mail Address:

Associated University or Organization:

Professional Title:

Do you identify as:

American Indian or Alaskan Native? If yes, please specify:	YES	NO
Native Hawaiian?	YES	NO
Pacific Islander? If yes, please specify:	YES	NO

Proposed Project Title:

Total Dollar Amount Requested:

Note: The program does not cover indirect costs.

Please check areas where you may need additional assistance (this is not guaranteed and will be based on availability):

IRB/Tribal Research Approvals

Database Creation and Management

Project Coordination and Planning

Methodology Development

Survey, Recruitment, Analysis

Please Elaborate:

CONTACT INFORMATION

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