# (all information must be typed)

**Application Deadlines**

You will be notified about a month after the deadline.

* September 15
* January 15
* May 30
1. **Project**

Project Title:

1. **FUNDING PURPOSE** (check all that apply)

[ ]  Research supplies (cap $1500)

[ ]  Consulting/Core facilities (cap $500)

[ ]  Travel for presentations (cap $500)

**Total Budget Requested:** $

1. **STUDENT INVESTIGATOR**
2. Name (First, M.I., Last) and Degree(s):
3. Title(s):
4. Institution: University of Utah, College of Pharmacy
5. Department/Division: PharmD Program
6. Telephone: (     )
7. E-mail Address:
8. **PrOJECT Mentor**
9. Name (First, M.I., Last) and Degree(s):
10. Title:
11. Institution:
12. Department/Division:
13. Telephone: (     )
14. E-mail Address:

**7. DETAILED BUDGET FOR PROJECT**

1. Consulting/Core Facilities Costs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Hours** | **Hourly Rate** | **TOTAL** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| SUB-TOTAL |       |

**Budget Justification** (Provide a justification that describes each individual’s role or item.)

1. Research Supplies (may include software)

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Number** | **Cost/Unit** | **TOTAL** |
|       |       |      /      |       |
|       |       |      /      |       |
|       |       |      /      |       |
|       |       |      /      |       |
|       |       |      /      |       |
| SUB-TOTAL |       |

**Budget Justification** (Provide a justification for each budget item.)

1. Travel

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Number** | **Cost/Unit** | **TOTAL** |
|       |       |      /      |       |
|       |       |      /      |       |
|       |       |      /      |       |
| SUB-TOTAL |       |

**Budget Justification** (Provide a justification for each budget item.)

**TOTAL BUDGET:**

1. **CERTIFICATION AND ACCEPTANCE**

The undersigned agrees and understands that any grant received as a result of this application is subject to the following terms:

1. Funds granted as a result of this request will be expended for the project described in this application.
2. The statements contained in this application are true and complete to the best of your knowledge;
3. Receipts for PharmD Project Funds will be supplied to the PharmD Project Advisor.

SIGNATURES

Student Investigator: Date:

Project Mentor: Date:

1. **Attachments** (To be appended to this application form.)
	1. Project Description or Proposal: If applying prior to the completion of Principles of Project Development, attach the project description from the Project Mentor’s proposal or an updated version of it. If you are applying after the completion of Principles of Project Development, attach the project proposal developed in that course or the most up to date version of it.
	2. Proof of abstract or poster acceptance for the conference (this is only needed for applications that include travel).

PLEASE NOTE: The completed application will be reviewed following the next deadline after it is received by email. If additional space is needed for any item(s), append additional page(s) and reference with item numbers. The application must be collated in the order in which the items appear in the grant application:

 1) Completed application form

2) Attachments listed in Item 8 as required

Please Submit via <https://cpwise.knack.com/projects#funding-application-college-website/>

Email: craig.henchey@pharm.utah.edu with any questions.

**Applications that do not comply with the application instructions will be returned without review.**