

Pilot Projects Research Grant Application Cover Sheet

Principal Investigator (Last Name, First Name):

Position Title:

Title of Proposal:

Applicant Organization:

Department:

Mailing Address (*Street, city, state, zip code*):

Phone number:

Email Address:

Name of Mentor/Faculty Advisor, if applicable:

Budget Requested (*Total Costs*):

Approvals Needed:

- ☐ Human Subjects Research
- ☐ Animal Research
- ☐ Other

Category of Award:

Please select which category of award closely fits your grant. *Select only one.*

- ☐ Research Trainee – Graduate students or postdoctoral fellows in an occupational health and safety-related discipline.
- ☐ Junior Investigator – New investigators with research interests in the general area of occupational health and safety. Junior investigators are defined as faculty who have not served as PI on any Public Health Service (PHS)-supported research grants other than a R03, R15, R21, K01, K08, or K12.
- ☐ New Researcher – Researcher or Faculty in areas other than occupational health research who wish to transition or apply their expertise to an occupational safety and health issue.

Previous Pilot Project Awardees are not eligible to reapply with the exception of previous Research Trainee Awardees who could reapply as Junior Investigators. To be eligible to re-apply in this category, potential applicants must have evidence of at least one outcome (e.g., publication, grant proposal or award) resulting from the prior award as Research Trainee.

NIOSH National Occupational Research Agenda (NORA) sectors and cross-sectors:

Sectors:

Cross-sectors:

Issues Relevant to Advancing Worker Well-Being Using Total Worker Health® Approaches

Sectors:

Cross-sectors:

Mentoring Plan:

Please note that research trainee applicants are required to provide a detailed mentoring plan in their proposal. Research trainee applicants should demonstrate that they have the appropriate advising and mentoring support at their institution to carry out the research including the publication of their study findings.

Administrative Official to be notified if award is made:

Name:

Title:

Address (*Street, city, state, zip code*):

Phone number:

Email Address:

Official Signing for Applicant Organization:

Name:

Title:

Address (*Street, city, state, zip code*):

Phone number:

Email Address:

PRINCIPAL INVESTIGATOR By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

Signature of Principal Investigator

Date

Signature of Mentor/Faculty Advisor (*if applicable*)

Date

APPLICANT ORGANIZATION I certify that the statement herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the SWCOEH ERC terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

Signature of Official Signing for Institution

Date