# **Pilot Award Program - Speed Review Submission**

SECTION 1 PRINCIPAL INVESTIGATOR (PI) INFORMATION
Last Name
First Name
Middle Name or Initial
C Number
Phone Number where we can easily reach you for clarifications (You may enter more than one)
UM Email Address
Primary Department
Division (If not applicable, enter N/A)
Degree(s)- Check all that apply
☐ MD ☐ PHD ☐ Other
If other, please specify

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## **SECTION 2**

## **COLLABORATORS, OTHER SIGNIFICANT CONTRIBUTORS, and MENTORS**

Co-Investigator 1: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
(Note: A Co-Investigator is someone with a key role in the project.)
Co-Investigator 2: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
Co-Investigator 3: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
Co-investigator 5. (1) Name, (2) Department & (5) Note in this project (Max. 20 words)
Significant Contributor 1: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
(Note: Other significant contributors are typically investigators contributing a key element/expertise to the project but not necessarily a mentor.)
Significant Contributor 2: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
Significant Contributor 3: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
Do you have a mentor?
(Note: Mentors are typically senior investigators responsible for advising the PI during the project. Applications
submitted by junior investigators at assistant professor level, researchers new to HIV/AIDS and mental health research and post-doctoral fellows require a mentor to be listed on their project.)
○ Yes    ○ No    ○ Not applicable
Name and Department / Division of Mentor(s)
If you do not have a mentor, would you like assistance with identifying a mentor?
○ Yes ○ No

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#### **SECTION 3**

### **PROJECT INFORMATION**

**Proposal Title** 

#### COMMUNITY ENGAGEMENT

Upload a document with a:

- 1) list of proposed community partner(s) or agency(ies) AND
- 2) paragraph explaining a) how the project will engage the community, b) the role of the proposed community partner(s) or agency(ies), AND c) how the findings may impact the community.

Format: Arial 11 point font, single-spacing, 0.5"

margins

File name: Last name\_community

(Note: The chosen community partner/agency should be engaged in the design and execution of the project as well as in the interpretation and publication of findings. Community partners can be engaged at varying levels from a consultative role to community-based participatory research. The full application must include a letter of support from the community partner or agency.)

#### SPECIFIC AIMS

State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will have on the research field(s) involved.

List succinctly the specific objectives of the research proposed (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology).

Format: 1 page, Arial 11 point font, single-spacing, 0.5" margins.

File name: Last name Specific Aims

Reviewers: Consider that all UM faculty are potential reviewers. You may name any potential reviewers who you believe could not provide an impartial review and request they not review your application. The Review Committee will consider this request but is not required to accommodate it. You may include a justification for your selection (optional). In addition, if possible, please provide any recommendations for reviewers. They should not be current collaborators or mentors.

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