ITHS | Institute of Translational Health Sciences
ACCELERATING RESEARCH. IMPROVING HEALTH.

Cover Page

1. AWARD TYPE ☐ Voucher Awards ☐ Catalyst Awards			
2. TITLE OF PROJECT			
3. CONTACT PRINCIPAL INVESTIGATOR			
3a. NAME (Last, first, middle)			
3b. POSITION TITLE			
3c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT			
3d. MAJOR SUBDIVISION			
3e. INSTITUTION/ORGANIZATION			
3f. TELEPHONE			
3g. E-MAIL			
4. HUMAN SUBJECTS RESEARCH ☐ No ☐ Yes		5. VERTEBRATE ANIMAL RESEARCH ☐ No ☐ Yes	
APPLICABLE IF AT THE UNIVERSITY OF WASHINGTON		APPLICABLE IF NOT AT THE UNIVERSITY OF WASHINGTON	
6. CHAIR/DEPARTMENT HEAD Name: Title: Telephone: E-Mail:		8. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name: Title: Telephone: E-Mail:	
7. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name: Title: Telephone: E-Mail:		9. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name: Title: Telephone: E-Mail:	
10. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services 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 NAMED IN 6.	DATE	SIGNATURE OF OFFICIAL NAMED IN 8.	DATE
SIGNATURE OF OFFICIAL NAMED IN 7.	DATE	SIGNATURE OF OFFICIAL NAMED IN 9.	DATE