

Houston Nutrition Obesity Research Center

PILOT/FEASIBILITY AWARDS APPLICATION SUMMARY SHEET

Name of PI: _____ Degree: _____ Academic Title: _____
 Department: _____ Institution: _____
 Mail Station: _____ Phone No.: _____ Fax No.: _____ E-mail: _____
 Short Title of Project (do not exceed 56 characters and spaces): _____

Type of Application: _____ Pilot project _____ Collaborative project _____
 BUDGET: Supplies: \$ _____ Small Equip.: \$ _____ Personnel: \$ _____ Other: \$ _____
 Total: \$ _____ (No indirect costs on these pilot awards)

Has the PI of a pilot project application recently been part of a group led by a more advanced investigator?
☐ Yes ☐ No (If yes, a letter citing independence of the PI for this project must be included.)

If the PI of the pilot project has **not** had a previous grant, does the PI have a mentor? Yes ☐ No ☐
 (A letter describing the commitment of the mentor and a mentoring plan must be included.)

HNORC Cores to be utilized:

☐ Clinical and Translational Research Core (CTORC) ☐ Cellular and Molecular Metabolism Core (CMMC)
☐ Neuroendocrine Core

CHECK APPLICABLE BOXES:

	Yes	No		Yes	No
Human Subjects:	☐	☐	Biohazards:	☐	☐
Radioisotopes:	☐	☐	Animals:	☐	☐

SUMMARY: Write a short paragraph, **not to exceed the space below**, describing major aims of the project and the approach to be used.

APPLICANT'S SIGNATURE: _____ DATE: _____

ACADEMIC UNIT CHAIR'S SIGNATURE: _____ DATE: _____