



Texas Medical Center Digestive Diseases 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.)

DDC Cores to be utilized:

- Tissue Analysis & Molecular Imaging (TAMI) Functional Genomics and Microbiome (FGM)
 Gastrointestinal Experimental Model Systems (GEMS) Study Design & Clinical Research (Clinical)

CHECK APPLICABLE BOXES:

	Yes	No		Yes	No
Human Subjects:	<input type="checkbox"/>	<input type="checkbox"/>	Biohazards:	<input type="checkbox"/>	<input type="checkbox"/>
Radioisotopes:	<input type="checkbox"/>	<input type="checkbox"/>	Animals:	<input type="checkbox"/>	<input type="checkbox"/>

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: _____