

**Applicant Information:**

Name:

Address:

Email:

Office Phone:

Cell Phone:

**RELEVANCE**

Title of Research

Research question(s) to be answered by the research

Statement of purpose for the research

Brief description of research

Is the principal investigator an Encompass Health employee?

 Yes     No

Are any of the other investigators Encompass Health employees?

 Yes     No

Will the research be conducted in an Encompass Health facility?

 Yes     No

Where will the research be conducted?

Objectives for the research

Expected outcomes of the research

Intent of the research

Background supporting the need for the research

Relevance to the grant purpose

What gap in evidence exists to support this research?

**SCIENTIFIC MERIT**

Description of the institution supporting this research

Principal investigator name, background, and research experience

 P.I. CV Attached

Other investigators name's, background, and research experience

 P.I. CV Attached

FEASIBILITY

Brief description of the research methodology

IRB plan and status of application and approval

Brief description of the research Protocol

Define human subjects

Description of catchment area for human subjects

Description of what data will be collected

Describe where data measures that will be collected

Describe the plan for data analysis

Timelines and major milestones for success

What IRB(s) are required to conduct this study?

Plan for IRB approval(s)

**Budget**

Description of Expense	Planned date of Expense	Amount of Expense	Type of Expense