**Pre-Proposal Form: NIMHD Specialized Centers of Excellence on Minority Health and Health Disparities**

Please complete the form below and send to [limitedsubs@illinois.edu](mailto:limitedsubs@illinois.edu), by **Friday, April 7, 2017 at noon**. For questions 6, 7, 10, and 12 please use a minimum font size of 11 point and margins of at least one-half inch.

Please provide the following information for the contact PI for the proposed project:

1. Name (last, first)
2. Email Address
3. Phone Number
4. Departmental affiliation
5. Title of pre-proposal
6. Please submit an abstract of up to 1 page.
7. Please submit a narrative up to 3 pages in length.
8. Please provide up to 5 citations authored by the applicant that are directly relevant to the proposed project.
9. Please indicate other funding, if available, that is directly relevant to the proposed project. If none exist, please indicate ‘none available’.
10. Please submit a biosketch using the NIH format of up to 2 pages.

1. Please complete the summary budget table for the proposed project.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |  |
| Personnel |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Direct Costs Total |  |  |  |  |  |  |
| F&A |  |  |  |  |  |  |
| Grand Total |  |  |  |  |  |  |

1. Please submit a budget justification of up to 1 page in length.