

**Hulda Crooks Research and Public Health Practice Grant**  
*Application Checklist*

*Please type the information below.*

**Name of Applicant:**

**Title of Proposal:**

**Amount Requested:**

- \_\_\_\_\_ Fifteen (15) copies of the application have been made.
- \_\_\_\_\_ An electronic copy of the application has been provided.
- \_\_\_\_\_ The application is typed in 12 point font and single-spaced.
- \_\_\_\_\_ The body of the application does not exceed 10 pages in length.
- \_\_\_\_\_ The amount requested does not exceed \$2,000 (doctoral) or \$1,000 (masters).
- \_\_\_\_\_ The application contains an abstract of not more than 200 words.
- \_\_\_\_\_ The PI (student), faculty sponsor, and co-investigators are all named.
- \_\_\_\_\_ The application contains a budget and specifies other sources of funding.
- \_\_\_\_\_ The application contains the principal investigator's CV/biosketch.
- \_\_\_\_\_ The application contains a letter of support from the faculty sponsor.
- \_\_\_\_\_ The application contains a complete project description, including:
  - Specific aims
  - Background and significance
  - Experimental design and Statistical methods (if applicable)
  - A realistic timeline
  - A bibliography
  - IRB clearance (if applicable)
- \_\_\_\_\_ The statistical methods have been reviewed by a statistician.
- \_\_\_\_\_ The proposal and research design are of a professional quality.
- \_\_\_\_\_ The project is of educational benefit to the student, will have a positive impact on the community and is feasible with the level of involvement from collaborative partners.

***I have reviewed the application and verify that it is in agreement with all Hulda Crooks Grant website instructions, application guidelines, and checklist requirements.***

*Please PRINT and SIGN your name below.*

**Principal Investigator (Student) :**

\_\_\_\_\_ Date \_\_\_\_\_

**Faculty Advisor:**

\_\_\_\_\_ Date \_\_\_\_\_