Pilot Grant Application Form

This application form is for pilot grants focused on Genotype-phenotype correlation studies, Biomarker Discovery Pilot, and Drug Repurposing Pilot Screens. Please complete all sections clearly and concisely. The total project period should not exceed one year. No salary support is permitted. Equipment requests must be specific and within the defined funding limits.

1. Applicant Information		
Applicant Name:		
Degree/Title (e.g., PhD, Postdo	c, Grad Student):	
Institution:		
Department:		
Email:		
Phone Number:		
2. Project Information		
Project Title:		_
Project Start Date:couple moth variance)	End Date:	(this is a rough estimate with a
Total Funding Requested: \$	(this is a on	e time payment grant)
3. Abstract (250 words max	к)	

4. Research Plan (2 pages max)

Provide a detailed description of your project, including background, objectives, methods, and expected outcomes. Clearly state the pilot nature of the work and how preliminary results will be used for future studies.

5. Significance

Explain the significance of this project to genetic disorder research and how it aligns with the program's focus.

6. Budget Justification

Provide a clear breakdown of requested funds. Salary support is not allowed. Equipment purchases must be justified and within funding limits. Indirect costs are not supported.

7. Equipment Request (if applicable) List and justify specific equipment needs: _	
8. Supporting Documents	
 Letter of support from department chair Any required ethical approvals or permits No collaborator support allowed No dual submissions permitted 	;
10. Applicant Certification I certify that the information provided is ac submitted elsewhere.	curate and that this application has not been
Applicant Signature:	Date: