

**SD CFAR High-Impact Microgrant Application**

*(2 page limit)*

**PI Name: PI Appointment Title:**

**PI Institution: PI Department:**

**PI Email: PI Phone Number:**

**Type of support requested (check one):**

\_\_\_ An in-progress application for larger NIH funding. Applications must be submitted within 12

 months of the Microgrant.

 Title of planned application:

 Planned date of submission:

 NIH Institute:

\_\_\_ Revision of a previously submitted NIH grant application. The resubmission must occur within 12

 months of the Microgrant.

 Title of resubmission:

 Application identification number:

 Date of planned resubmission:

\_\_\_ Filling unforeseen gaps in active NIH-funded grants, for needs that cannot be funded through the

 current NIH award.

 Title of funded grant:

 Grant number:

**Title of proposed project:**

**Description of proposed project:**

**Amount of support requested** (direct costs not to exceed $3,000):

**Details of budget request**:

**Budget justification**: