



The Michael Parr Fund for Women's Health Research and Education at the Iris Cantor-UCLA Women's Health Center (310) 794-8063 UCLA National Center of Excellence in Women's Health

## The Iris Cantor-UCLA Women's Health Center Executive Advisory Board / CTSI Awards

## **Contact Information**

1.	Project title:					
2.	Select the award type for which you are applying:					
	Pilot Augmentation	Young Investiga	ator	Healt	th Disparities	
3.	Provide the following information for the <b>primary contact</b> for this application:					
	Name:					
	Title:					
	Street address:					
	Email address:					
	Phone number:					
4.	Is the primary contact the princip	oal investigator?	Y	es [	No	
5.	5. Please list all investigators who should be included in future correspond				ondence.	
	Name:	Email:			PI:	
	Name:	Email:			PI:	
	Name:	Email:			PI:	
	Name:	Email:			PI:	

## Checklist

Please create one PDF file containing the items below in the following order. Check off the boxes for the items you have included in the single PDF file.

1.	Contact Information
2.	Checklist (this sheet)
3.	One-page letter of intent Please see the appropriate RFA for details about what your letter should include. There is no specific format or template for the letter; however, we do request that the letter is legible. Please use appropriate spacing, margins, and font size.
4.	Investigator(s) NIH biosketch For Young Investigator Award applications, include CVs in addition to biosketches.
5.	Letter(s) of support  For Young Investigator Award applications, include the NIH biosketch of your principal mentor in addition to their letter of support.
	nit <i>one</i> PDF file containing all of these documents by <b>noon on</b> . You will be contacted if any additional are required for your application