

**LIMITED SUBMISSION  
PROPOSAL/NOMINATION COVER SHEET**

Please use this cover sheet for proposals being submitted in response to program solicitations or nominations for funding opportunities that require JHU SOM internal review and selection.

Submit this cover sheet along with completed application materials to Susan Hayden [shayden@jhmi.edu](mailto:shayden@jhmi.edu) by **Wednesday, September 20, 2017**. For additional information, please call Susan at (410) 955-3097.

**Principal Investigator name(s):** \_\_\_\_\_ **highest degree(s) obtained:** \_\_\_\_\_

**Position title:** \_\_\_\_\_ **appointment date (MM/DD/YYYY):** \_\_\_\_\_

**PI e-mail:** \_\_\_\_\_ **office phone:** \_\_\_\_\_ **cell:** \_\_\_\_\_

**JHU school:** \_\_\_\_\_

**Primary department or division:** \_\_\_\_\_

**Dept. contact name:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**PROPOSAL TITLE:** \_\_\_\_\_

**Sponsor:** The Michel Mirowski MD Discovery Fund

**Program name:** The Michel Mirowski MD Discovery Fund

**Date due to [shayden@jhmi.edu](mailto:shayden@jhmi.edu) :** **Wednesday, September 20, 2017**

**Please check the items below included with this cover sheet:**

Required material (The research proposal section can be no more than 3 pages (single-spaced Arial font size 11), not including citations. Those applications exceeding this will not be reviewed.)

- Title, Investigator (department and divisional affiliation)
- Abstract, Specific Aims, Innovation and Impact, brief Experimental Plan
- Budget
- NIH Biosketch

**Divisional ORA representative/Director's name:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Department Chair's name:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Department Administrator's name:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**PI USPS mailing address:** \_\_\_\_\_

**Principal Investigator/Nominee Signature:**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair Name and Signature:**

\_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_