

Dibble/DeJoseph Lesbian Health Research Award Grant Application Format

- 1) Cover Page (use attached form)
- 2) Abstract of the Project in 300 words or less
- 3) Detailed Plan of Project:
 - a. maximum of six double spaced typed pages (12 point font)
 - b. hypotheses or research questions, goals and specific objectives of the project, the relationship of the proposed project to other work already accomplished in the field, methods, sample size calculation with power analysis (if appropriate), and the significance of the project to lesbians, bisexual women, and/or transgendered individuals.
- 4) Itemized Budget:
 - a. total amount requested for the project from the Dibble/DeJoseph Lesbian Health Research Award
 - b. supplies and expenses with justification (< 1 page)
 - ❖ The Dibble/DeJoseph Lesbian Health Research Award does not cover personnel costs (salary and benefits) for the Investigators or indirect institutional costs.
- 5) Institutional Review Board approval from the investigator's institution if animals or humans are involved in the project. Project funding will not be released until approval has been received.
- 6) Biosketch (2-3 page) of Principal Investigator and Faculty Supervisor/Co-Investigator.
- 7) Short letter of support from the faculty member who is supervising the project.
- 8) Signed statement by the Investigator and, if applicable, by the Co-Investigator that:
 - a. all publications resulting from the research conducted from the award will acknowledge that the project was funded by the Dibble/DeJoseph Lesbian Health Research Award of the Lesbian Health Research Center at the Institute for Health and Aging-University of California, San Francisco
 - b. the abstract of the grant will be publicized on the LHRC website with the names of the Principal and, if applicable, Co-Investigator, when the grant is funded

9) Evidence of the primary institution's tax exempt status

Please number all pages and send 2 copies of EVERY SINGLE ITEM to:

Leslie Ross, PhD
Chair, Dibble/DeJoseph LHRA Committee
LHRC, IHA-UCSF
3333 California St., Suite 340
San Francisco, CA 94118

Dibble/DeJoseph Lesbian Health Research Award

GRANT APPLICATION COVER PAGE

PROJECT TITLE: _____

AMOUNT REQUESTED: _____

ESTIMATED PROJECT START DATE: _____

ESTIMATED PROJECT COMPLETION DATE: _____

INSTITUTIONAL REVIEW BOARD STATUS:

- Approved
- Pending
- To be submitted

PRINCIPAL INVESTIGATOR

NAME and degrees: _____

INSTITUTION: _____

TELEPHONE (W): _____ **(H):** _____

FAX (specify W or H): _____ **E-MAIL:** _____

MAILING ADDRESS: _____

SUPERVISOR or CO-INVESTIGATOR

NAME and degrees: _____

INSTITUTION: _____

TELEPHONE (W): _____ **(H):** _____

FAX (specify W or H): _____ **E-MAIL:** _____

MAILING ADDRESS: _____

INSTITUTION

INSTITUTION NAME: _____

CONTACT: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

MAILING ADDRESS: _____

TAX ID NUMBER: _____

SIGNATURES

PRINCIPAL INVESTIGATOR: _____ **DATE:** _____

SUPERVISOR/COINVESTIGATOR: _____ **DATE:** _____

INSTITUTION OFFICER: _____ **DATE:** _____