



**Community Organization and Research Institution Partnership
Application Coversheet**

Title of Proposal:

Community Organization:

Is the community organization eligible to receive federal funding? Yes No

Community Organization Principal Investigator (PI)

First Name: _____ **Last Name:** _____

Phone Number: _____ **Email Address:** _____

Race: _____ **Ethnicity:** _____ **Gender:** _____

Research Institution:

Is the research institution an iTHRIV institution? Yes No

Research Principal Investigator (PI)

First Name: _____ **Last Name:** _____

Title: _____ **School and Department:** _____

Phone Number: _____ **Email Address:** _____

Race: _____ **Ethnicity:** _____ **Gender:** _____

**Collaborators/Consultants/Other Investigators
(Please indicate institutional affiliations):**

What is the project's research question?

What is the health outcome/social determinant of health targeted?

What Community Health Assessment was used?

Which under-resourced community will be impacted by this project?

My signature below indicates that this information is accurate and up-to-date, and that I agree to participate in the project outlined in this proposal. The Research PI of this proposal is a full-time faculty or research member at an iTHRIV partner institution.

Community PI signature: _____

Research PI signature: _____

Research Administrator signature: _____