

2021 Innovation Pilot Award Application Cover Sheet (required)

Project Information

Project Title:

Principal Investigator / Project Leader

Full Name:

Last

First

M.I.

Email Address:

Office Phone:

Affiliation

SOM *or*

Health Care

Department:

Faculty Appointment
(if applicable)

Title:

Department:

Co-Principal Investigator/ Co-Project Leader (if applicable)

Full Name:

Last

First

M.I.

Email Address:

Office Phone:

Affiliation

SOM *or*

Health Care

Department:

Faculty Appointment
(if applicable)

Title:

Department:

Please complete the information on this cover sheet, save it,
and email to innovatehealthcare@med.unc.edu with your full proposal.