

2026 CHIPTS MENTORED PILOT GRANT

SUBMISSION COVER PAGE

- Name (PI): Click or tap here to enter text.
 - Academic Degree(s): Click or tap here to enter text.
 - Academic Title(s): Click or tap here to enter text.
 - Affiliated Institution: Click or tap here to enter text.
 - Email Address: Click or tap here to enter text.
 - Proposal Title: Click or tap here to enter text.
 - Research Objectives in plain language - a concise, one-paragraph version of your project description that should include the project aims Click or tap here to enter text.
 - Proposal Abstract (150-300 words): Click or tap here to enter text.
 - Mentor(s) and Institution: Click or tap here to enter text.
 - CHIPTS Mentor(s): Click or tap here to enter text.
 - Amount Requested (Direct Costs): Click or tap here to enter text.
 - Amount Requested (Total): Click or tap here to enter text.
 - Fund Manager Name and Email: Click or tap here to enter text.
 - Is there a subaward required for this project? ☐ Yes ☐ No
 - If yes, please indicate the amount. Click or tap here to enter text.
- Note: all subaward paperwork must be submitted within one month of selection of funding. No exceptions will be provided.*
- I verify that my fund manager reviewed the budget documents prior to submission ☐ Yes ☐ No
 - I verify that my CHIPTS faculty mentor(s) have reviewed at least two drafts of this proposal prior to submission ☐ Yes ☐ No