



GHUCCTS KL2 Final Application Cover Sheet

Last Name: First Name: Middle Initial: Previous Last Name (if applicable):

Phone Number: Preferred Email Address: eRA Commons Username:

ORCID: Academic Title: Department

Institution (select one): Ethnicity:

If other, please provide name:

Race:

I am a (select one): If other, please provide: Are you a: (check all that apply)

Person with disability

Female

Title of Proposed Research Project:

Does your study/project focus on health disparities?

Yes No

Does your study/project require IRB approval?

Yes No

Does your study/project focus on or make special effort to recruit any of the following populations?

List all other research support (current or past, and pending)

If other, please provide: