

**Clinical Research Unit (CRU) &
Laura W. Bush Institute for Women's Health (LWBIWH)
Women's Health Innovation Fund Awards (WHIF)**

The Laura W. Bush Institute for Women's Health (LWBIWH) and Clinical Research Unit (CRU) have implemented a system that awards small grants (\$250- \$2,500) to investigators on a case-by-case basis. ***Purpose & Review Criteria:*** WHIF grants are designed to provide funding for initiatives related to women's health and/or gender differences. Successful requests should demonstrate:

- Clear benefit to women's health and the goal of promoting the well-being of women throughout research, education, or patient care
- Innovation and creativity
- Financial need not met through other funding sources
- Appropriateness of the budget
- Clear outcomes for evaluation

Application & Reporting Process: Applicants must submit a WHIF proposal form that includes a project summary of up to 5000 characters (including spaces). Project Directors or PIs of funded projects will be expected to make a brief report within 6 months of the beginning of grant funding and a final report within 12 months. Publications or presentations arising from funded projects should acknowledge the CRU and the LWBIWH and include the LWBIWH logo.

Budget Guidelines: Project budgets are expected to range between \$250 and \$2,500 to cover specific funding needs, such as equipment, materials, services, and other costs for which other sources are not available. Faculty salaries may not be paid from WHIF funds, although salaries or stipends for technical support will be considered. For additional information about allowable direct costs for WHIF grants, review HSC OP 65.04, Attachment A, available from <http://www.ttuhs.edu/hsc/op/op65>. The Committee will carefully review the proposed budget relative to the research plan and recommend budget amounts accordingly. Funds must be spent within 12 months of the grant award.

Please complete this form and **attach a separate protocol** (5000 characters maximum, including spaces) outlining your study design. Email this form and your protocol to: AMAWHIFGrants@ttu.edu

After inserting your answers into this form, please ensure that it is no more than 3 pages.

Title of Project:

Principal Investigator (PI):

PI's Department (click on the arrow for the drop-down list): Family Medicine

PI's Contact Number(s):

PI's Email:

Other Personnel Involved (if applicable):

Amount Requested: \$

Brief Project Summary or Abstract:

Relevance to Women's Health:

Detailed Budget

Supplies: \$ Description:

Personnel: \$ Description:

Travel: \$ Description:

Other: \$ Description:

TOTAL: \$

Other Funding Support

If you already have other funding support (such as start-up funds, other internal or external grants), please explain here. Please also list applications you have *submitted* for funding.

<u>Description of funding</u>	<u>Duration</u>	<u>Amount</u>
1.		\$
2.		\$
3.		\$

Principal Investigator Signature

Date

Department Chair Signature

Date