

**2024 Urban Health Institute Baltimore Health Equity Impact Grants Program
For Community-Based Research and Program Development**

**COVER PAGE**

**Project Title:** [Title]

**Type of Project** (check one)**:**

¨ Faculty–Community Research Project

¨ Graduate Student–Community Research Project

¨ Undergraduate Student–Community Research Project

¨ Faculty–Community Program Development Project

¨ Graduate Student–Community Program Development Project

¨ Undergraduate Student–Community Program Development Project

**Suggested Period of Performance:** [Start/End Dates]
(the earliest start date is February 15, 2024)

**Requested Budget:** [Total Amount]

**Baltimore Neighborhood Impact:** [Zip code(s) impacted by this project]

**Is IRB Approval Required?** ¨ Yes ¨ No

**Johns Hopkins Faculty/Student Contact Information:**

**Please list all involved with the project, but indicate who is the primary point of contact**

Full Name

[If Faculty, Academic Rank]

[If Student, Undergraduate/Graduate/Post-Doctoral]

[If Student, Expected Graduation Date]

School and Department

Campus Address

Phone

JH Email

JHED ID

[If Student, provide Faculty Advisor Information here]

[Name]

[Faculty Advisor Academic Rank]

[School and Department]

[Campus Address]

[Phone]

[JH Email]

[JHED ID]

**Johns Hopkins Departmental Financial Support Representative:**

**Please list the departmental individual who will provide administration and oversight of the grant funds**

Johns Hopkins Financial Contact Name: Johns Hopkins Financial Contact Email:

**Community Partner Contact Information:**

**Please list all involved with the project, but indicate who is the primary point of contact**

Full Name

Organization

Address

Phone

Email

Organizational Website

Community Financial Contact Name:

Community Financial Contact Email:

**By signing below, I am verifying that I was involved in the development of this project, have read and approved the final proposal, will remain engaged throughout the course of this project, and will be involved in the preparation and submission of the interim and final reports.**
***Note: the primary Johns Hopkins and community partners should be the ones to sign below.***

Johns Hopkins Faculty/Student Community Partner