

**Strategic Consultation Grants for Baltimore City**

Cover Page

**Title of Project:** [Title]

**Period of Performance** (up to 6 months): [Start/End Dates]

**Requested Budget:** [Total Amount]

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

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

If unsure, click here: <https://urbanhealth.jhu.edu/_PDFs/human_subjects.pdf>

**Johns Hopkins Faculty Partner**

Faculty Name:

Academic Rank:

School and Department:

Campus Address:

Phone:

JH Email:

JHED ID:

**Baltimore City Partner**

Name:

Organization:

Address:

Phone:

Email:

Organizational Website, if available:

**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.**

Johns Hopkins Faculty Baltimore City Partner