

## Division of Palliative Care Research & Scholarly Projects Fund 2019-2020 Application Cover Sheet

Title of Project:

Principal Investigator Name:	
Email:	
Title:	
Primary academic affiliation:	
Member of Family Medicine Associates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Principal Investigator:	
Date:	

**Co-Investigators:**

Note: Along with your application package, please attach email confirmation from each co-investigator that they agree to be listed on the application.

Co-Investigator #1:	Name:
	Email:
	Title:
	Affiliation:
Co-Investigator #2:	Name:
	Email:
	Title:
	Affiliation:
Co-Investigator #3:	Name:
	Email:
	Title:
	Affiliation:

Co-Investigator #4:	Name:
	Email:
	Title:
	Affiliation:
Co-Investigator #5:	Name:
	Email:
	Title:
	Affiliation:
Co-Investigator #6:	Name:
	Email:
	Title:
	Affiliation:
Co-Investigator #7:	Name:
	Email:
	Title:
	Affiliation:
Co-Investigator #8:	Name:
	Email:
	Title:
	Affiliation: