**Applied Health Research Question (AHRQ) Funding Request Form**

**Project Proposal Details**

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| **Funding Submission Date:** |  |
| **Project Title:** |  |
| **Principal Investigator:**1. **Co-Investigators**
2. **Staff**
 |  |
| **Knowledge User(s):** |  |
| **Final Report Submission Date:** |  |
| **Project Questions:**75 words max |  |
| **Background and Purpose:****Why is this AHRQ being proposed?** 100 words max |  |
| **Research Design/Methods**100 words max |  |
| **Budget**1. **Amount of funding requested**
2. **Staffing requirements (e.g. ICES Analyst; Research Coordinator; Other Staff)**
3. **Other expenses (specify)**

Please feel free to summarize here and attach separately |  |