

GIHH Collaborative Seed Grants: Preliminary Proposal

* Required

1. Name and Title of Texas A&M Health Science Center Faculty Investigator *

2. Email address *

3. Texas A&M University Department *

4. Name and Title of Driscoll Health System Investigator *

5. Email address *

6. Driscoll Health System Department, Division, or Medical Specialty *

7. Project Title *

8. Area(s) of Focus *

Check all that apply.

- Diabetes
- Obesity
- Asthma
- Infectious Disease
- Neurological Disorders
- Cancer
- Opioid Epidemic
- Healthcare delivery (including maternal-fetal health)
- Other: _____

9. Brief Description (non-technical language, 500 characters or fewer, including spaces) *

10. Impact Summary (300 characters or fewer, including spaces) *

- 11. Describe how you think this project will address healthcare disparities and/or social determinants of health. (200 characters or fewer, including spaces) *

- 12. List all of the departments/individuals that you think you will need to be involved in this project in order to successfully complete it (e.g. lab, decision support, room/time in a specific clinic, etc.) *

Attestation

- 13. Please confirm that the following statements are true: *

Check all that apply.

Both investigators and the heads of their departments are fully aware of the contents of this proposal and are in support of its submission. We understand that proposals chosen for full submission will require signatures from these parties.

Both investigators understand that they are expected to make a significant contribution to the research project as outlined by guidelines for authorship.

<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

Both investigators understand that the maximum budget for direct costs will be \$25,000 over a period of performance of 15 months beginning September 2023. No-cost extensions will not be permitted. An additional \$25,000 of funding will be available for a subsequent 12-month period of performance contingent upon advancement of first-period milestones.

14. Name of submitter completing attestation. *

Comments

15. If you have any additional comments, please include them here.

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