

# Office of Faculty Development Education Innovation Grant Proposal

Last Name

First Name

Academic Title

Division/Department

E-mail

Contact Phone Number

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## **Project Proposal**

Project Title

Specific Aims: List 1-3 goals of the proposed study (e.g. address how innovation will be of interest to medical education community).

Background: Briefly describe (1 paragraph or less) previous findings or observations that provide the background leading to this proposal.

Significance: Why is it important that this project be conducted? What is the potential for impact on and/or generalizability for the medical education community?

What are the main outcomes that will be evaluated in this project?

Briefly describe (1 paragraph or less) the methodological approaches that will be used to design the project and collect & analyze data. Consider appropriateness and feasibility of project.

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**Budget Justification**  
**(Total cannot exceed \$1500)**

**Item**

**Purpose**

**Cost**

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## **Grant Proposal Submission Checklist**

Division Director or Department Chair letter of support attached

CV in University of Pittsburgh School of Medicine format attached

Please list any additional collaborators with contact e-mails

Please submit all materials to [Melissa M. Tavarez, MD](#)