**P1b COVER PAGE**

**VALLEY RESEARCH PARTNERSHIP COLLABORATIVE RESEARCH PROGRAM**

**Deadline: April 1, 2020**

*Submit complete proposal as a single searchable (not scanned) PDF electronically to* *PBC-VRPGrants@email.arizona.edu*

|  |
| --- |
| **Title:**  |
|  | **3 Keywords Related to Project** (e.g. cancer, EKG, kinase)**:**  |

**Faculty Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Bernadine Sadauskas Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Faculty Mentor:** *Last Name, First Name* |  |  |
|  |
|  |  |
| **Academic Title** | **Department** |  |
|  |  |  |
| **Address** | **Phone** | **E-mail** |
| **Scholarly Project COM-P Medical Student:** *Last Name, First Name*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Class Year** | **Phone** | **E-mail** |

|  |  |
| --- | --- |
| **Director of Operations:** Sadauskas, Bernadine*Last Name, First Name* |  |
|  |
| Director of Operations, Research Office, University of Arizona College of Medicine - Phoenix  |
| **Title** |  |  |
| (602) 827-2727 | bsadauskas@email.arizona.edu |
| **Phone** |  | **E-mail** |
| **Performance Site:**  |
|  |  |  |
|  **Address**Resubmission: [ ]  Yes [ ]  No  |  | **Phone** |

 |