

**Memorial Health University Medical Center
Office of Sponsored Programs
Funding Proposal and Search Request**

Please use this form to request the Office of Sponsored Programs to conduct a search for funding opportunities in your area of need. Please have your Team Leader sign to indicate their approval of your idea.

General Information
Name:
Department:
Telephone:
Email:
Date Requested:
Project/Research Information (Please use additional sheets as needed)
<p style="text-align: center;">Description of Project</p> <p>Please give a general description of the project research you would like to have funded. <i>Things to consider:</i> Why is this project/research needed at the hospital or in the community? What data do you have supporting your project? What data can the OSP help you with?</p>
<p style="text-align: center;">Goals and Objectives of the Program/Research</p> <p>What are the outcomes you wish to achieve with your program/research? <i>Things to Consider:</i> How will you go about making the change? What are the short and long term changes you want to see? How long will the program/research take to accomplish the goals and objectives?</p>

Budget

How much will the program/research cost?

Things to Consider: What supplies will you need? Will new personnel be required? How much of your time will be needed to run the program/research? Will you need new equipment?

Other

Things to Consider: What other departments need to be involved for you to carry out the program/research? What outside agencies need to be involved? Have the departments/agencies been contacted? What other pertinent information do you have that can assist the OSP in finding a funding source for you (examples: key words to search, similar programs, etc).

	I approve this program/research idea:
Team Member Signature	Team Leader Signature