



## The Greater Plains Collaborative Clinical Data Research Network 2017 Pilot Program Application Cover Sheet

**1. Applicant:**

Name:

Title/Rank:

Department/School:

University Address:

E-Mail:

Tel:

**2. Title of Proposal:** \_\_\_\_\_

**3. Amount Requested:** \$ \_\_\_\_\_

**Applicant Agreement:**

I agree to abide by the conditions and reporting requirements of the Greater Plains Collaborative Pilot Grant guidelines.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date