



**Detroit Community-Academic Urban Research Center
Collaborative Research Small Planning Grant Program**

Application Cover Page

GENERAL INFORMATION		
Project Title:		
Host Organization:		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Employer Identification # (EIN):	Website (if applicable):	

LEAD COMMUNITY CONTACT	LEAD ACADEMIC CONTACT
Name:	Name:
Title:	Title:
Organization:	Organization:
Phone:	Phone:
E-mail:	E-mail:

INSTRUCTIONS FOR SUBMISSION	
<u>Materials for Submission:</u>	<u>Please e-mail the application to:</u>
1. Cover Page	Carol Gray, Center Manager Detroit Urban Research Center ccbgray@umich.edu (734) 764-5171 Apply by December 4, 2017
2. Proposal Narrative	
3. Budget and Justification	
4. Timeline	
5. Letters of Commitment (from each partner)	
6. (Optional) Up to 5 additional supporting documents as appropriate included as appendices	

All Applicants:

Please indicate which type of proposal you are submitting.

Partnership Formation & Maintenance Project Development

Have you applied to this or other community-academic grant programs in the past? Yes
 No

If yes, please note the grant program to which you have applied:

The Detroit URC Planning Grant Program is supported by the University of Michigan Vice Provost for Global Engagement and Interdisciplinary Academic Affairs and the Michigan Institute for Clinical & Health Research (MICHR).

Partnership Formation & Maintenance Grant Applicants:

Please answer the following questions.

1. Provide a brief description of the background and rationale for the need for this partnership and describe its relevance to the Detroit communities involved (1 page).
2. Provide a brief description of the partners involved including: 1) roles and responsibilities of the partners; 2) what, if any, previous experience you have in working together; and 3) what, if any, previous experience you have with collaborative research (up to 1 page).
3. Provide a brief description of your overall partnership formation goals and objectives (½ page).
4. Describe your proposed partnership formation activities for meeting each of your stated objectives. Please include a project timeline for these activities. (1 page)
5. Provide a brief description of how your partnership formation activities may lead to future research collaboration and/or funding opportunities, including steps you will take to pursue funding and to sustain your partnership (½ page).

Project Development Grant Applicants:

Please answer the following questions.

1. Provide a brief description of your collaborative research partnership, including: 1) the partners involved and how they work together (e.g., principles, procedures, infrastructure); 2) the history of your partnership; 3) current projects being conducted; and 4) relevance to the Detroit communities involved (1 page).
2. Provide a brief description of your overall project development goals and objectives (½ page).
3. Describe the proposed project development activities for each of your stated objectives. Please include a project timeline for these activities. (1 page)
4. Provide a brief description of how you will use a collaborative research approach to meet your goals, objectives and activities (½ page).
5. Provide a brief description of how your project development activities may lead to future research collaborations and/or funding opportunities, including steps you will take to pursue such funding, and to sustain the partnership (½ page).

All Applicants:

Please complete the below Budget and Justification Form as part of your application packet.

Budget and Justification Form

Budget Category	Support Requested (Amount)
*Personnel	
Lead Community Partner (if applicable)	
Lead Academic Partner (if applicable)	
Other Partners/Staff	
<i>Sub-total: Personnel</i>	
*Non-Personnel	
Supplies	
Copying & Printing	
Hosting	
Travel	
Other (please specify below)	
<i>Sub-total: Non-personnel</i>	
TOTAL Requested	
Justification (Personnel/Non-Personnel):	

*Indirect Costs cannot be included.