**2025 Urban Health Institute Baltimore Health Equity Impact Grants Program**

**for Community-Based Research and Program Development**

**COVER PAGE**

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| **Project Title:** Click or tap here to enter text |
| **Type of Project:**  select one |
| **Suggested Period of Performance:** Click or tap here to enter Start Date – Click or tap here to enter End Date(the earliest start date is July 1, 2025) |
| **Requested Budget:** Click or tap here to enter Total Amount |
| **Baltimore Neighborhood Impact:** Click or tap here to enter Zip code(s) impacted by this project |
| **Is IRB Approval Required?**  |
| **Johns Hopkins Faculty/Student Contact Information:**  |
| **Please list all involved with the project; indicate who is the primary point of contact.** Primary JH Partner Full NameIf Faculty, enter Academic Rank If Student, select oneIf Student, select Expected Graduation DateJHU School and DepartmentCampus AddressPhoneJH EmailJHED ID | **If Student, provide Faculty Advisor Information here**Faculty Advisor NameFaculty Advisor Academic RankFaculty Advisor JHU School and DepartmentFaculty Advisor Campus Address Faculty Advisor Phone Faculty Advisor JH Email Faculty Advisor JHED ID |
| **Johns Hopkins Departmental Financial Support Representative:**Please list the departmental individual who will provide administration and oversight of the grant funds |
| Johns Hopkins Financial Contact Name | Johns Hopkins Financial Contact Email |
| **Community Partner Contact Information:****Please list all involved with the project, but indicate who is the primary point of contact** |
| Primary Community Partner Full NameBaltimore City OrganizationAddressPhoneEmailOrganizational Website | Community Financial Contact NameCommunity Financial Contact Email |
| **By signing below, I am verifying that I was involved in the development of this project, have read and approved the final proposal, will remain engaged throughout the course of this project, and will be involved in the preparation and submission of the interim progress and final reports.*****Note: the primary Johns Hopkins Community partners should Community partners should sign below.*** |
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