



Stony Brook
Program in Public Health

Internal Research Funding Request Form

Name:		Date:	
Amount:	\$	Approval #	

I am requesting use of pilot research funds for:

<input type="checkbox"/>	Conference Travel (over annual professional development funding of \$3,000) (please complete request to travel form in Concur) and provide justification for attendance at this conference.
<input type="checkbox"/>	Professional Memberships/Dues Organization Name: _____
<input type="checkbox"/>	Publication Fees Publication Name: _____
<input type="checkbox"/>	Part Time Student/Research Assistant (please provide number hours needed and description of the qualifications and expected duties)
<input type="checkbox"/>	Software/Hardware Product Name: _____
<input type="checkbox"/>	Pilot Funding (please complete this pilot funding proposal form if your request is greater than \$5,000)
<input type="checkbox"/>	Other:

Please provide a brief justification:

Approvals

Assistant Director of Administration and Finance	Date
Director for Research, Program in Public Health	Date
Executive Director, Program in Public Health	Date

Once Complete please e-mail to Christine.Ziman@stonybrookmedicine.edu



Stony Brook
Program in Public Health
Pilot Funding Proposal Form

Name:		Date:	
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Project Description

Project Name:	
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Explain the project goals and how they align with your long-term research program objectives and include a timeline for submitting a proposal for an external sponsor.

Please provide itemized budget below (use additional forms if needed):

\$	
\$	
\$	
\$	
\$	
\$	Grant Total

Expected timeline for spending the funds: _____

Once Complete please e-mail to Christine.Ziman@stonybrookmedicine.edu