



IDI TRAINEE TRANSFORMATIVE RESEARCH GRANT: COVER FORM

Applicants, co-applicants, and their PIs are required to be IDI members. You may become a member here prior to submission: idi.osu.edu/engage

Project title: _____

Applicant's name: _____

Applicant's signature: _____ Date: _____

Is applicant a member of IDI? Yes ☐ No ☐

Co-applicant's name: _____

Co-applicant's signature: _____ Date: _____

Is co-applicant a member of IDI? Yes ☐ No ☐

Applicant's PI:

PI name: _____

PI signature: _____ Date: _____

Is PI a member of IDI? Yes ☐ No ☐

Is this project part of an ongoing collaboration or closely related to an ongoing collaboration between these laboratories? Yes ☐ No ☐

Co-applicant's PI:

PI name: _____

PI signature: _____ Date: _____

Is PI a member of IDI? Yes ☐ No ☐

Is this project part of an ongoing collaboration or closely related to an ongoing collaboration between these laboratories? Yes ☐ No ☐