



Strategy for Network-Wide Academic Partnerships Written Request for Proposal (WRP) Form

Investigator:	First:	Last:	Initial:	Date:
Institution:				Department:
Proposed Project Title:				
Proposed Budget Range:	Min \$	Max \$	Anticipated Application/LOI Funding Submission Date:	
IHN Member Institutions to be Involved in Proposed Project (check at least four below as applicable):				Funding Type (e.g. R01):
<input type="checkbox"/>	Affinia Health Centers (formerly known as Grace Hill Health Centers)		<input type="checkbox"/>	St. Louis Regional Health Commission
<input type="checkbox"/>	Betty Jean Kerr People's Health Centers		<input type="checkbox"/>	Saint Louis University School of Medicine
<input type="checkbox"/>	CareSTL Health (formerly Myrtle Hilliard Davis Comprehensive Health Centers)		<input type="checkbox"/>	Saint Louis County Department of Public Health
<input type="checkbox"/>	Family Care Health Centers		<input type="checkbox"/>	Washington University School of Medicine
<input type="checkbox"/>	Missouri Primary Care Association			
Proposed Project Description (2500 character limit). Please also include a brief statement on how the proposed project aligns with IHN priorities for research and evaluation of community health centers as a network (see FAQs document).				
Detailed Description of the Role of the IHN for the Proposed Project (2500 character limit)				
For Office Use Only	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Review Date: __/__/____	

Email completed form to: Bethany Johnson-Javois at bjohnson@stlouisihn.org

Notes:	
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