



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

<b>Investigator:</b>	<b>First:</b>	<b>Last:</b>	<b>Initial:</b>	<b>Date:</b>
<b>Institution:</b>				<b>Department:</b>
<b>Proposed Project Title:</b>				
<b>Proposed Budget Range:</b>	Min \$	Max \$	<b>Anticipated Application/LOI Funding Submission Date:</b>	
<b>IHN Member Institutions to be Involved in Proposed Project (check at least four below as applicable):</b>				<b>Funding Type (e.g. R01):</b>
<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			
<b>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).</b>				
<b>Detailed Description of the Role of the IHN for the Proposed Project (2500 character limit)</b>				
<b>For Office Use Only</b>	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	<b>Review Date:</b> __/__/____	

Email completed form to: Kelly McKay-Gist at [KMckay@stlouisihn.org](mailto:KMckay@stlouisihn.org)

<b>Notes:</b>	
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