

**Innovation Award 2015**

**Cover Sheet**

**Project Title**:

Please list the PI’s name, email, rank, department and division. Each PI must be at the rank of Instructor or higher. A PI may participate in only one School of Medicine Discovery Fund application and may not apply for both Synergy and Innovation Awards.

**PI (name) Email Rank Department/Division**

For example:

Kathy Burns kburns@jhmi.edu Assoc. Prof Pathology

**Total Budget Request: $**

Was this application also submitted to the Catalyst Award Program administered by the JHU Office of the Provost? \_\_\_YES \_\_\_NO

Please list up to 5 **Key Words** to help assign reviewers for your proposal

**1.**

**2.**

**3.**

**4.**

**5**.