Version date: April 06, 2015

ICARE Collaborative Research Support Request

Date:
Name:
Organization:
Preferred contact information:
Title of collaborative opportunity:
Goals of collaborative opportunity:
Project timeframe (if known):
Expected funding needs:
Publicity/dissemination required:
Plan for peer review:
Plan for monitoring/evaluation of outcomes:
Plan for collaborative decision-making:
Plan for sponsorship acknowledgement: