

HPA-The Catalyst Grant Program Title Page

Project Information

Title of Proposed Study:

Area(s) of Research:

- Health Policy
- Clinical Administration
- Global Health
- Technology Use in PT Practice

Award for which the proposal is being submitted:

- Research
- Development

In support of a Doctoral Dissertation (PhD or ScD or equivalent):

- Yes*
- No

*Grant applications submitted in support of doctoral research must have the approval of the student's graduate committee advisor.

Signature of Graduate Committee Advisor

Key Personnel

Create a record for each person involved in this project.

Role:

First Name:

Last Name:

Degrees Obtained:

Position/Title:

Organization:

Department:

Address One:

Address Two:

City:

State:

Zip Code:

Phone Number:

Primary Email:

For PI/Applicant Only:

APTA Membership Number

HPA-The Catalyst Member ___ Yes ___ No

If awarded grant, identify to whom the check should be made and where the check should be sent.

Payable to:

Address:

The payee for the grant (either you or your institution) will need to provide HPA with a completed IRS Form W-9 to verify the tax ID for the recipient. You are welcome to transmit this form to HPA via the method you are most comfortable with since it will include tax identification.