Internal Medicine Resident Wellness Initiative Proposal Department of Medicine Duke University School of Medicine

1. TITLE OF PROJEC	Γ (Do not exceed 81 charact	ers, including spaces and p	unctuation.)				
			1				
3. PRINCIPAL INVEST							
3a. NAME of SENIOR RESIDENT (Last, first, middle)			3b. DEGREE(S)				
3c. Training level of the PGY-3 (or high	3d. MAILING ADDRESS OF PI (Senior resident)						
3e. Residency Program	faculty advisor's name :						
3f TELEPHONE AND I	FAX (Area code, number ar	nd extension)	E-MAIL ADDRESS O	F PI·			
TEL:	FAX:	id exterision)	L-MAIL ADDITEGO O	1 1 1.			
6. DATES OF PROPO		7. COSTS REQUESTED PERIOD	FOR BUDGET				
From	Through	7a. Direct Costs (\$)	7b. Total Costs (\$)				
07/01/2018	6/30/2019 Y SPONSOR (required onl	Maximum 2,500	Max. 2,500				
Name Address							
					:		
			If original signature populates type name her SIGNATURE OF FAC Required only if a fac proposal	age can not be re CULTY SPONS	SOR	DATE	_

Face Page Form Page 1

Internal Medicine Resident Wellness Initiative Proposal 2018

Principal Investigator (Last, First, Middle):

ABSTRACT: State the application's broad, long-term objectives and specific aims.

KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator (the senior resident's name). List all other key personnel in alphabetical order, last name first, and role on project. Teamwork is encouraged across the residency program.

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DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						THROUGH 5/30/2019		
								PERSONNEL (Applicant organization
NAME	ROLE ON PROJECT	TYPE APPT. (months)	EFFORT ON PROJ.	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	3	TOTAL
	Principal Investigator				\$0			\$0
	SUBTOTALS				\$0			
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
SUFFLIES (Herrize by Category)								
TDIVE								
TRAVEL								
OTHER EXPENSES (Itemize by cate	agory) soo oyamal	es helow						
OTHER EXI ENGES (Remize by Care	удогу) зее ехаптра	es delow						
TOTAL DIRECT COSTS FOR	BUDGET PE	RIOD (car	not exce	ed \$2,500)			\$	

A. Specific Aim(s) of the project
B. Background and Significance (concise)
C. Proposed work Please address how the funding will help accomplish the goals of the project.
D. Letter of support from faculty sponsor (required only if a faculty sponsor is recruited for the project)
Address letter to: Award Review Committee, Resident Wellness Initiative Proposals
The letter with an original signature can be scanned and emailed as pdf file together or separately from the application to Dr. Arcasoy)
Please submit your application as a SINGLE word or pdf file!
Wishing you success with your project!

The following sections A-C should not exceed a total of 2 pages please