

Community-Academic Partnerships for Problems Affecting Alabamians (CAPPAA) Grant

Deadline: June 1, 2026

Principal Investigator Name (Last, First, Middle Initial):

Degrees:

Faculty Position:

Department:

Division:

Address:

Phone:

E-mail:

Project Title:

Community Partner Investigator Name(s):

Organization:

Address:

Phone:

E-mail:

Authorizing Signatures

Principal Investigator(s)/Project Director(s): I certify that the information contained in this application is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provision of required progress reports if a grant is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and my institution.

Name(s):

Date:

Signature(s):

Division Director: The attached application is approved. It is within the total program and academic objectives of the Division. Adequate space is available for the conduct of the project. The scope of research described herein is realistic. The information contained in the proposal is accurate and correct to the best of my knowledge.

Name:

Date:

Signature:

