

**MUSC Faculty Global Health Impact Grant Application Form**  
Suggested page length is 3-4 pages excluding letters of support and bio sketches.

For a submission to be complete, applicants must ensure all materials are included. Incomplete applications will not be reviewed. Refer to the Submission Process on website:

**Project Title:**

**Which area of focus does this align with? (Check all groups that apply)**

Education & Training

Capacity-Building

Implementation

Service

**Indicate amount requested and duration of implementation:**

Amount Requested:

Duration:

**Please provide the following information for the MUSC and Global Partner joint project team:**

**Team Member**

Name:

Title:

Organization:

Affiliation (College/Department/Division, if applicable):

Project Role:

Relevant Experience:

**Team Member**

Name:

Title:

Organization:

Affiliation (College/Department/Division, if applicable):

Project Role:

Relevant Experience:

**Team Member**

Name:

Title:

Organization:

Affiliation (College/Department/Division, if applicable):

Project Role:

Relevant Experience:

**Team Member**

Name:

Title:

Organization:

Affiliation (College/Department/Division, if applicable):

Project Role:

Relevant Experience:

**Problem Statement: What global health problems does this proposal address?**

**How does the proposed project link to the priorities of the Center for Global Health?**

**What are the overall objectives of this proposal?**

**What are the main activities of the proposed project?**

**What would the success of this proposal look like? Describe how you would measure the results and outcomes of this project.**

**Describe how the project could lead to a sustainable impact on global health in a low- and middle-income country. If applicable, include a description of how this project builds towards further work towards impact in this area.**

**Who is the Global Partner? Describe the role of your global partner in the co-design of this project. Describe your history of working with this partner.**

**List name, email and phone number of MUSC business manager. This individual will be responsible for managing any awarded funds.**