



Universal Funding Form for
AI+ Medicine for High Impact (AIM-HI) Challenge Awards

REQUESTOR
Requestor: Rank:
Department: College:
Signature: Date:
Title of Project:
Co-Applicants: (Please list and include their department/college)

SIGNATURES
(Use a second page, if necessary)

U of Maryland, College Park

Table with 6 columns: Dept Chair/College Dean, Direct Cost, Total *, Signature, Date. Includes rows for VPR (if awarded).

U of Maryland, Baltimore

Table with 6 columns: Dept Chair/College Dean, Direct Cost, Total *, Signature, Date. Includes rows for ORD (if awarded) and Total Funds Requested.

Comments

Large empty rectangular box for providing comments.