

Version date: April 06, 2015

## ICARE Collaborative Research Support Request

Date:

Name:

Organization:

Preferred contact information:

Title of collaborative opportunity:

Goals of collaborative opportunity:

Project timeframe (if known):

Expected funding needs:

Publicity/dissemination required:

Plan for peer review:

Plan for monitoring/evaluation of outcomes:

Plan for collaborative decision-making:

Plan for sponsorship acknowledgement: