

THE BALTIMORE DIABETES RESEARCH AND TRAINING CENTER

PILOT AND FEASIBILITY PROGRAM

PROJECT AND CANDIDATE DESCRIPTION

(Please include this page with your submission)

Submission Date: _____

Program Director/Principal Investigator/Degree(s): _____

Position Title: _____

Department/Division: _____

Mailing Address: _____

E-Mail Address: _____

Phone: _____

Fax: _____

Title of Proposal: _____