Email this cover sheet and required materials **in ONE PDF to** [**limitedsubmissions@ucsf.edu**](mailto:limitedsubmissions@ucsf.edu)**.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** | | |  | | **Degree:** |  |
| **Faculty Series & Appointment:** | | |  | | **Date of Appointment:** |  |
| **Email:** | | |  | | **Telephone:** |  |
|  | | | | | | |
| **Administering Dept:** | | |  | | | |
| **Dept. Finance Contact:** | | |  | | | |
| **Email:** | | |  | | **Telephone:** |  |
| **Dept. ID:** | | |  | |  |  |
| **Gender\*:**  Female  Male  Other  Prefer not to answer | | | | | | |
| **Race/Ethnicity\*:** I **do** identify as an [underrepresented minority (URM)](https://diversity.ucsf.edu/URM-definition)  I do **not** identify as URM  Prefer not to answer | | | | | | |
| **Proposal Title:** | |  | | | | | |
| **Funding Agency:** | | Hellman Foundation | | | | | |
| **Program Name:** | | UCSF Society of Hellman Fellows | | | | | |
| **Internal (UCSF) Deadline:** | | Wednesday, March 13, 2024 **at 11:59 PM** | | | | | |
| **Check here if you are applying for a Diversity, Equity, and Inclusion (DEI) Fellowship.** | | | | | | | |
| **The following are required materials to include with this cover sheet:** | | | | | | | |
| Project Summary (4 page max., including references) | | | List of Current and Pending Support (including start-up | | | | |
| Statement of Special Circumstances (1 page max) | | | package) | | | | |
| NIH Bio-Sketch (5 page max., including publications) | | | Resubmissions ONLY: 250 words to address how you | | | | |
| Budget for project period (1 page max) | | | responded to last year’s feedback | | | | |
| Budget Justification (1 page max) | | | DEI ONLY: Contributions to Diversity Statement (½ page max) | | | | |
| Three Letters of Support | | | DEI ONLY: Health Equity Statement (½ page max) | | | | |

I understand and accept that if awarded, the LSP may ask me to serve on future selection committees for this opportunity.

|  |  |  |
| --- | --- | --- |
| **Principal Investigator Signature:** | | |
|  |  |  |
| Signature |  | Date |
|  | | |
| **Department Chair:** | | |
|  |  |  |
| Signature |  | Date |