

Application information

Name: _____ Address: _____
Email: _____ Office phone: _____
Cell phone: _____

RELEVANCE

Title of research

Research question(s) to be answered by the research

Statement of purpose for the research

Brief description of research

Is the principal investigator an Encompass Health employee?	Yes	No
Are any of the other investigators Encompass Health employees?	Yes	No
Will the research be conducted in an Encompass Health facility?	Yes	No
Where will the research be conducted?		

Objectives for the research

Expected outcomes of the research

Intent of the research

RELEVANCE

Background supporting the need for the research

Relevance to the grant purpose

What gap in evidence exists to support this research?

SCIENTIFIC MERIT

Brief description of the research methodology

How will the research contribute to literature available for therapy in this practice area?

What are the research questions that this research protocol is aimed to answer, and what is the likelihood of this research answering these defined questions?

FEASIBILITY

Description of the institution supporting this research

Principal investigator name, background and research experience

P.I. CV Attached

Other investigators' names, background and research experience

P.I. CV Attached

IRB plan and status of application and approval

Brief description of the research protocol

Define human subjects

Description of catchment area for human subjects

Description of what data will be collected

Describe where data measures that will be collected

Describe the plan for data analysis

Timelines and major milestones for success

What IRB(s) are required to conduct this study?

Plan for IRB approval(s)

Budget

Description of expense	Planned date of expense	Amount of expense	Type of expense
Total			

Completed applications can be emailed to therapygrants@encompasshealth.com.