ILAR

2026 Project Proposal Form

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| 1. **PROJECT TITLE:** |
| 1. **Project Location(s):** |
| 1. **Project Lead:** 2. **Please select which area this project falls under (can select multiple):**  □Patient Education   □Health Professional Education  □Advocacy for Rheumatology – PR Campaigns  □Population Health  □Clinical Practice   1. **Project Description (500-word limit):**      1. **Needs Assessment:**   Outline the needs or “gaps” between current conditions and desired conditions   1. **Describe how this project will further ILAR’s to stimulate and promote the development of awareness, knowledge, and the means of prevention, treatment, rehabilitation, and relief of rheumatic and musculoskeletal diseases (RMDs) in areas of the world where there is exceptional need?** |
| 1. **Select the target audience(s) for this project (Physicians, health professionals, patients) including how many per group.**  |  |  |  | | --- | --- | --- | | Please check all that apply | Target Audience | Anticipated Number | |  | Physicians |  | |  | Health Professionals |  | |  | Patients |  | |  | Other (please specify) |  | |
| 1. **What is the desired outcome of this project? How will outcomes be monitored and measured?** |
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| 1. **Organization Capabilities & Collaboration**   Summary of the lead PI’/applicant organization’s previous experience and expertise relevant to this project.   1. **Outside of extenuating circumstances, can you commit to this project being completed in 2026.**   □YES  □NO   1. **Projected Budget** Please include a Budget Table and Narrative to include a brief breakdown of allowable costs. ILAR funds cannot be used to provide institutional support.  No indirect costs or overhead will be provided.      1. **Source of funding: \_\_ ILAR \_\_\_ Third Party Sponsors (specify the source of all third-party funds and amounts for each sponsor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   *\* If industry support is anticipated, please describe how the funds will be handled.*   1. **If the project is successful, do you have access to future sources of funding to continue?**   □YES  □NO   1. **Including the PI who are the individuals responsible for conducting the project? Include contact information.**   *The selected individuals will be required to provide a summary on progress to ILAR’s executive committee, biannually.*   1. **Please indicate one primary point of contact for all communications related to the project, including their contact information.**   **Primary Point of Contact Name:**  **Email:**  **Phone:**  **Mailing Address:**   1. **To ensure optimal communication between ILAR projects and regional and national** **leagues of rheumatology, it is required to communicate your proposal to those rheumatology organizations that may be affected by your proposed project. For regional leagues, please contact its president. Please and list the names of the individuals within organizations (both regional and national) that you have communicated with about this project.** *Please note- all applications submitted will be confirmed as having first been vetted by the regional LAR prior to formal review and consideration by the members of the Executive Committee* |