

Do Not Staple (Please paper Clip)

Office Use Only
Res. In. ID: _____
Copy: _____
Date Recvd: _____

Foundation Research Grant Application

Part A

1. Research Initiative:

2. Title:

(Limit to 60 characters including spaces)

3. Principal Investigator's Name, Official Mailing Address, and Telephone Number:

Name: Last	First	Middle
Address:		
	City	State Zip Code + 4
Title:	Member #:	Telephone:
Fax:	E-Mail:	

4. Total Costs Requested:

(from item 13)

5. Institutional Assurances (must be completed):

	Yes	No	N/A	Review Date	Enclosed (Yes or No)
a. Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Vertebrate Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Radioisotopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Biohazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Responsible Officials

Name:		Title:	
Institution:		Telephone:	
Signature:		Date:	

6. Official Signatures of Applicant Organization:

6a. Institutional Official's Assurance: By signing this application, I certify the institution agrees to comply with all conditions of the granting agency if funds are awarded.

Signature:	Typed Name:
Title:	Date:

6b. Investigator's Assurance: I agree to accept complete responsibility for the scientific and ethical conduct of the project if funds are awarded. I certify that I have written this proposal.

Signature of PI/Student:	Signature of Advisor:
Advisor's Typed Name:	Advisor's Title:

Name:

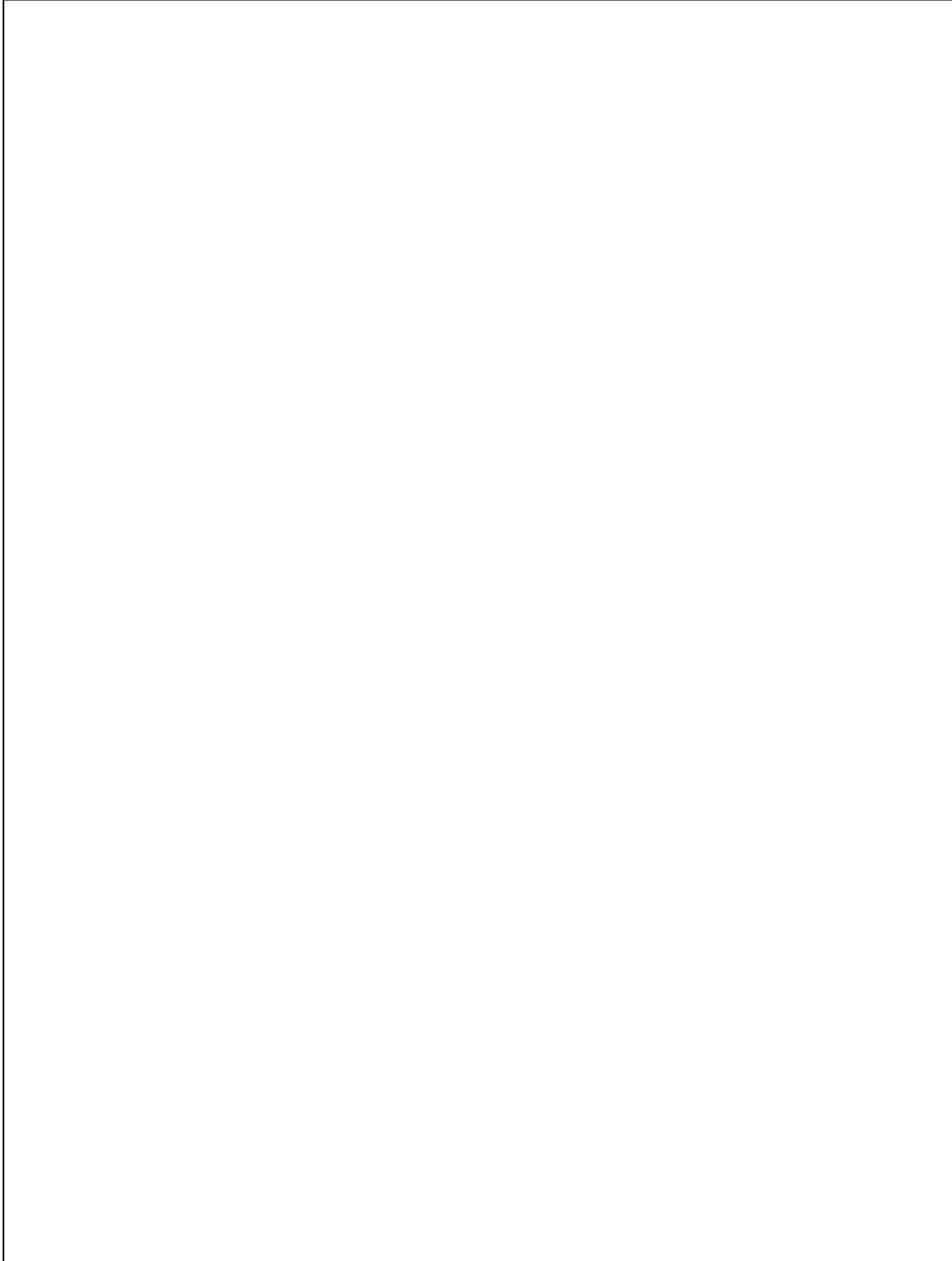
Part A

7. Summary of Revisions: resubmission only
(Limit to one page)

Name: _____

Part A.

8. Research Abstract
(Limit to space provided)



Name: _____

Part A.

9. Biographical Sketch of Principal Investigator

Name: _____ Position/Title: _____

If this is a student award:

a. Date entered graduate program (state degree): _____

b. Date passed comprehensive exam required/or equivalent: _____

c. Date expected to receive graduate or equivalent degree (state degree): _____
(Advisor, please initial after each date listed)

Education (Baccalaureate through postdoctoral training)

Institution	Degree	Year	Field

Professional Experience (in chronological order)

Institution	Degree	Year

Membership and Honors

Other Support list current and pending support, title of grant, the responsible agency, grant number and total amount, include grants on which you are a co-investigator. (use the backside of this page if needed).

Name: _____

Part A.

10. Biographical Sketch of Physician's and allied health profession, or Student Advisor (if applicable)

Name: _____ Position/Title: _____

If this is a student award:

a. Date entered program (state degree): _____

b. Date expected to receive degree (state degree): _____

(Advisor, please initial after each date listed)

Education (Baccalaureate through postdoctoral training)

Institution	Degree	Years	Field

Professional Experience (in chronological order)

Institution	Degree	Years

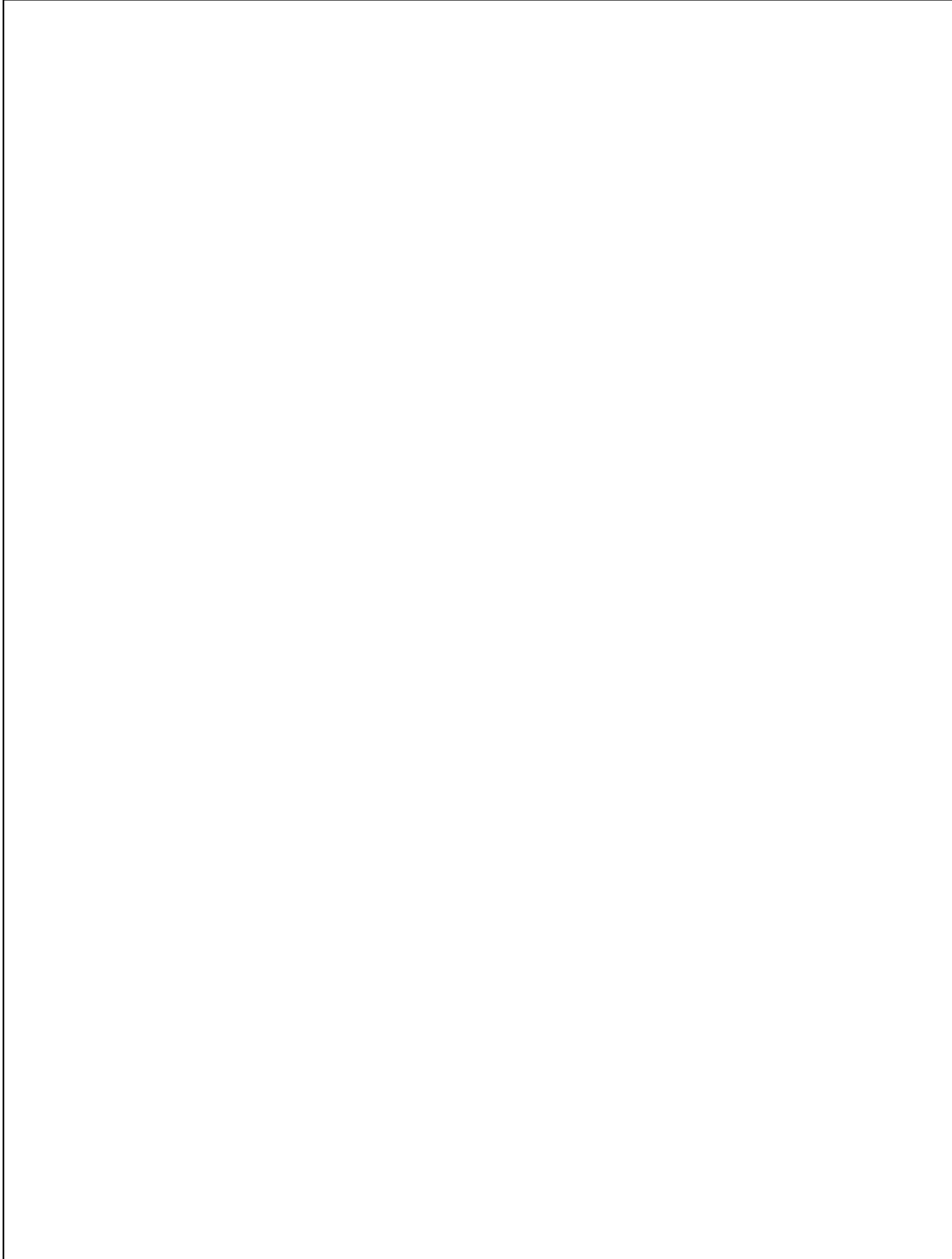
Membership and Honors

Other Support List current and pending support, title of grant, the responsible agency, grant number and total amount. Include grants on which you are co-investigator. (use the backside of this page if needed).

Name: _____

Part A.

11. List of Publications by the Principal Investigator
(Limit to one page)

A large, empty rectangular box with a thin black border, intended for the Principal Investigator to list their publications. The box occupies most of the page below the section header.

Name: _____

Part A.

12. Selected Publication by Advisor (if applicable)
(Limit to one page)

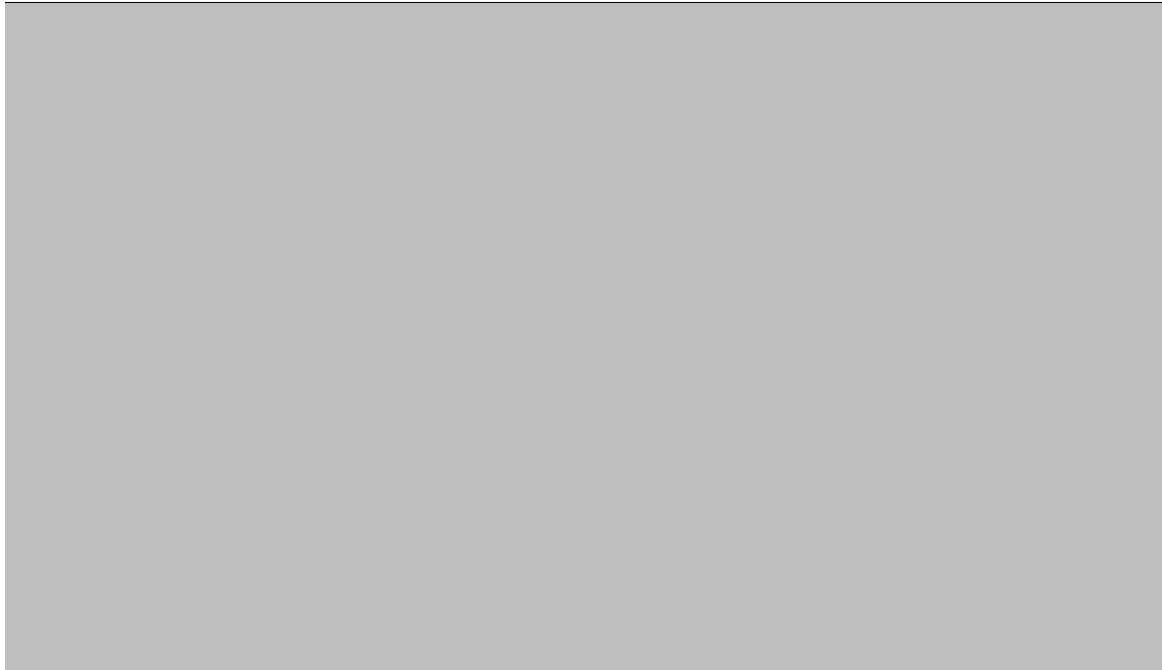
Name: _____

Part A

14. Budget Justification

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15. Institutional Resources and Environment

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Name: _____

Part B. Research Plan

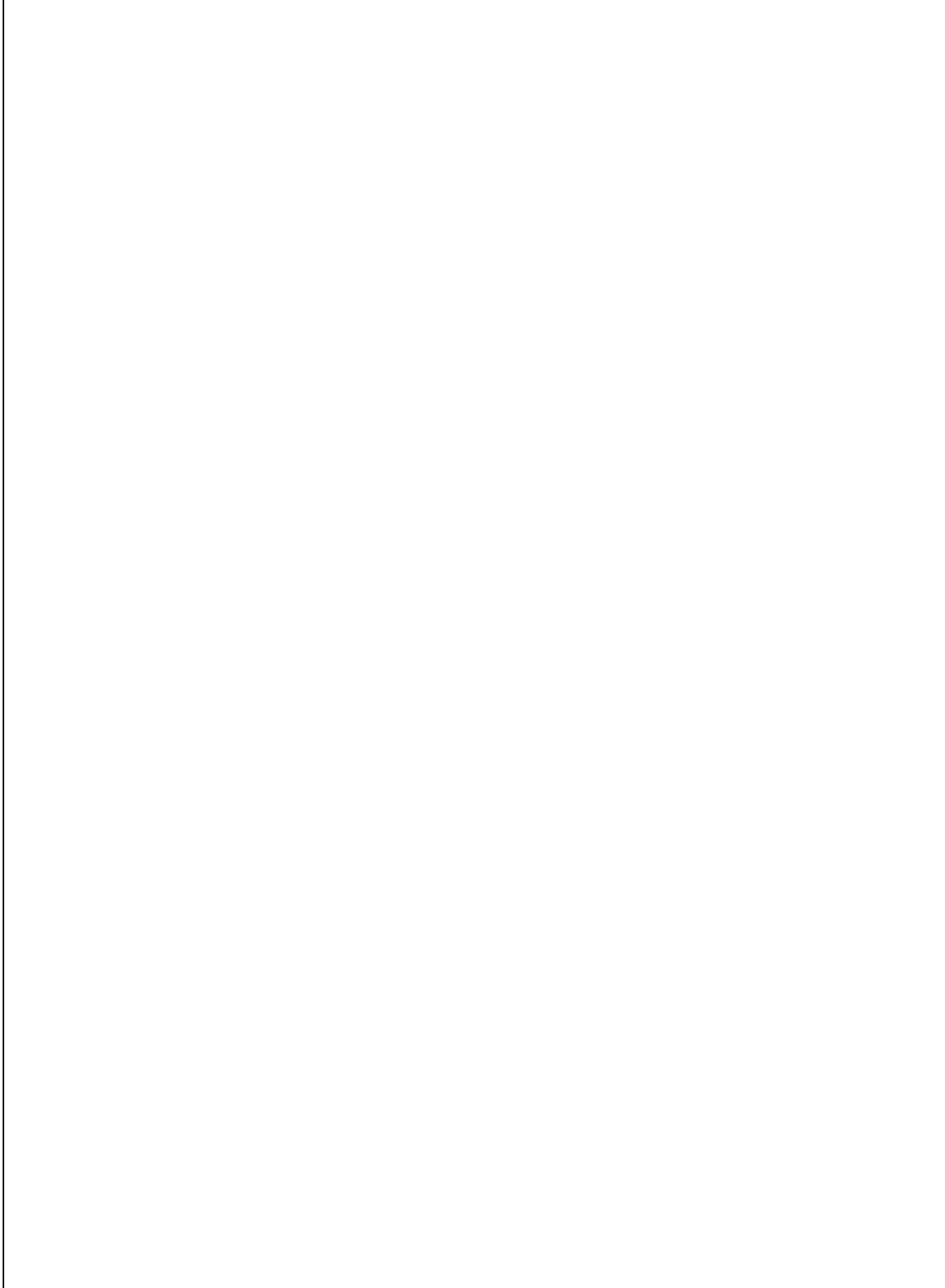
1. Background and Significance



Name: _____

Part B.

2. Experimental Design and Methodology



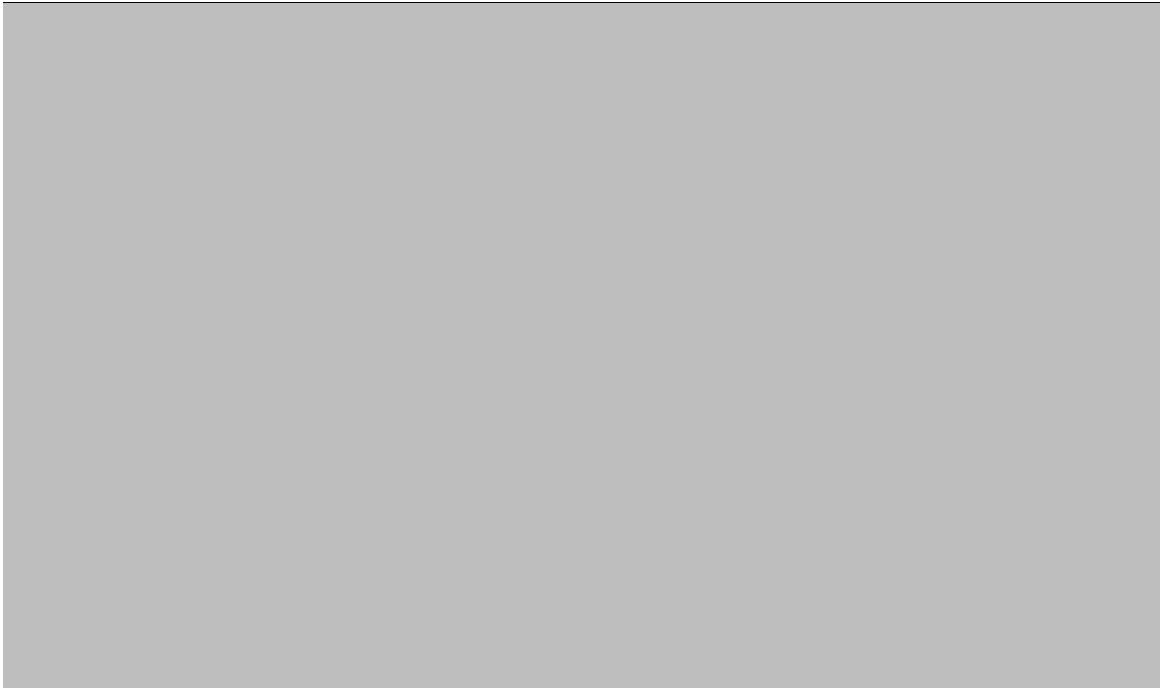
Name: _____

Part B.

3. Ethical Considerations



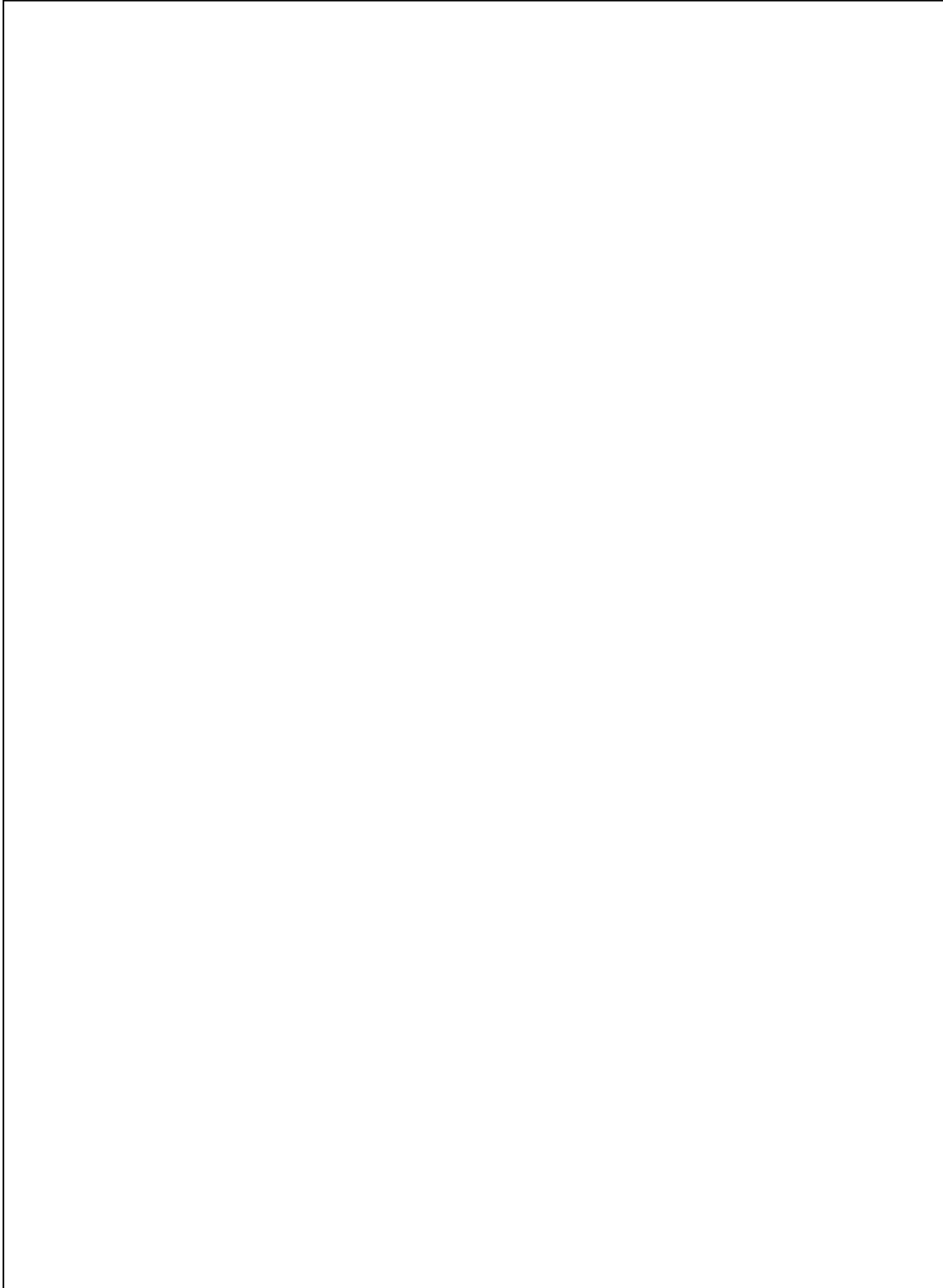
4. Anticipated Problems



Name: _____

Part B.

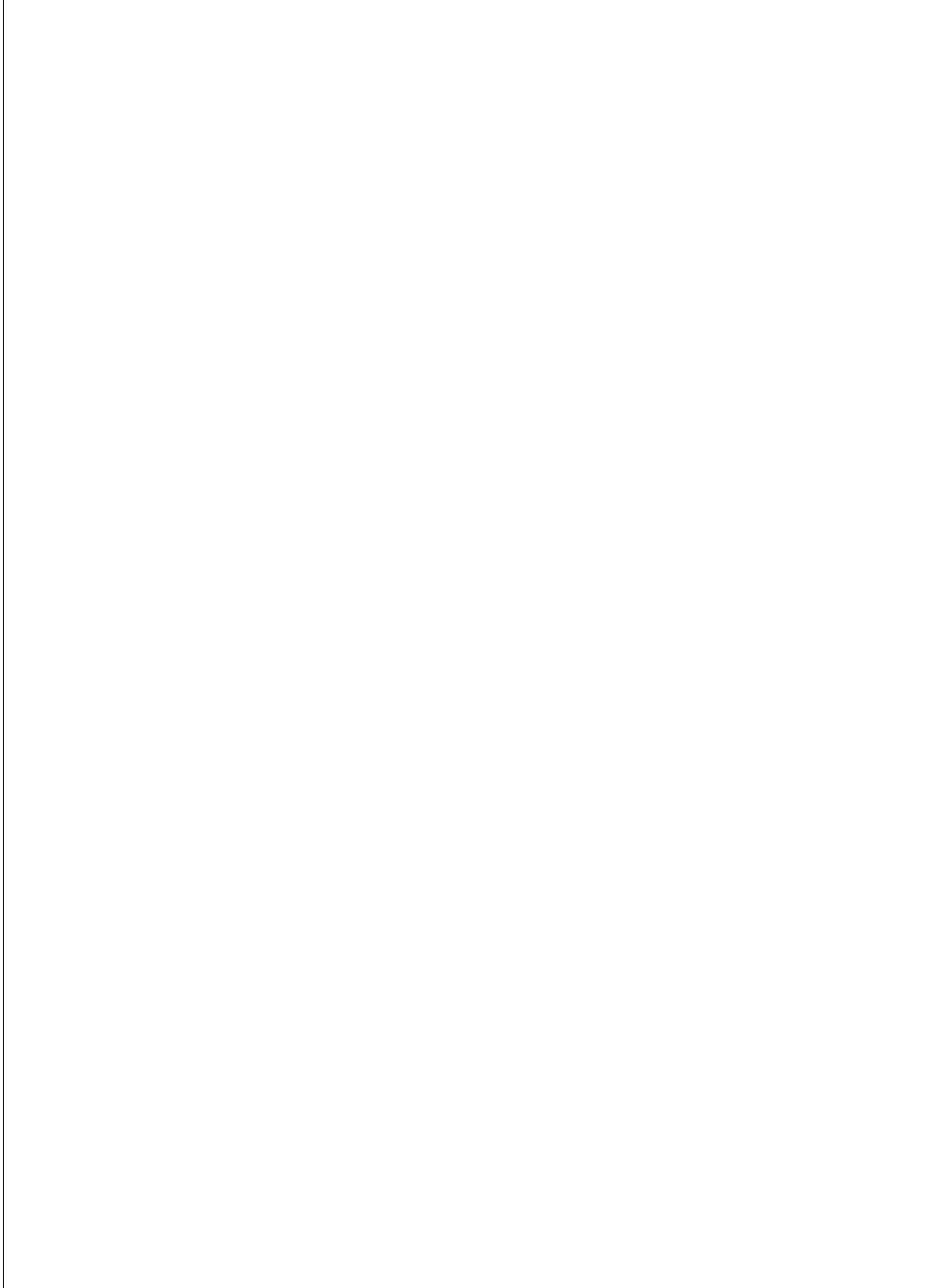
5. Interpretation of Anticipated Findings



Name: _____

Part B.

6. Reference Citations

A large, empty rectangular box with a thin black border, intended for the student to provide reference citations. The box is currently blank.

Name: _____

Lay Summary

Name of Principal Investigator: _____

Name and Address of institution where research will be performed: _____

Title of Project: _____

Lay Research Summary (Part I (Limit to space provided))

Lay Research Summary (Part II)

1. What problem area(s) are you addressing and what specific questions will you attempt to answer by your research?

2. What aspect of your research is most interesting in scientific terms?

3. What aspect would be of most interest from the perspective of the general public?

Name: _____

Appendix

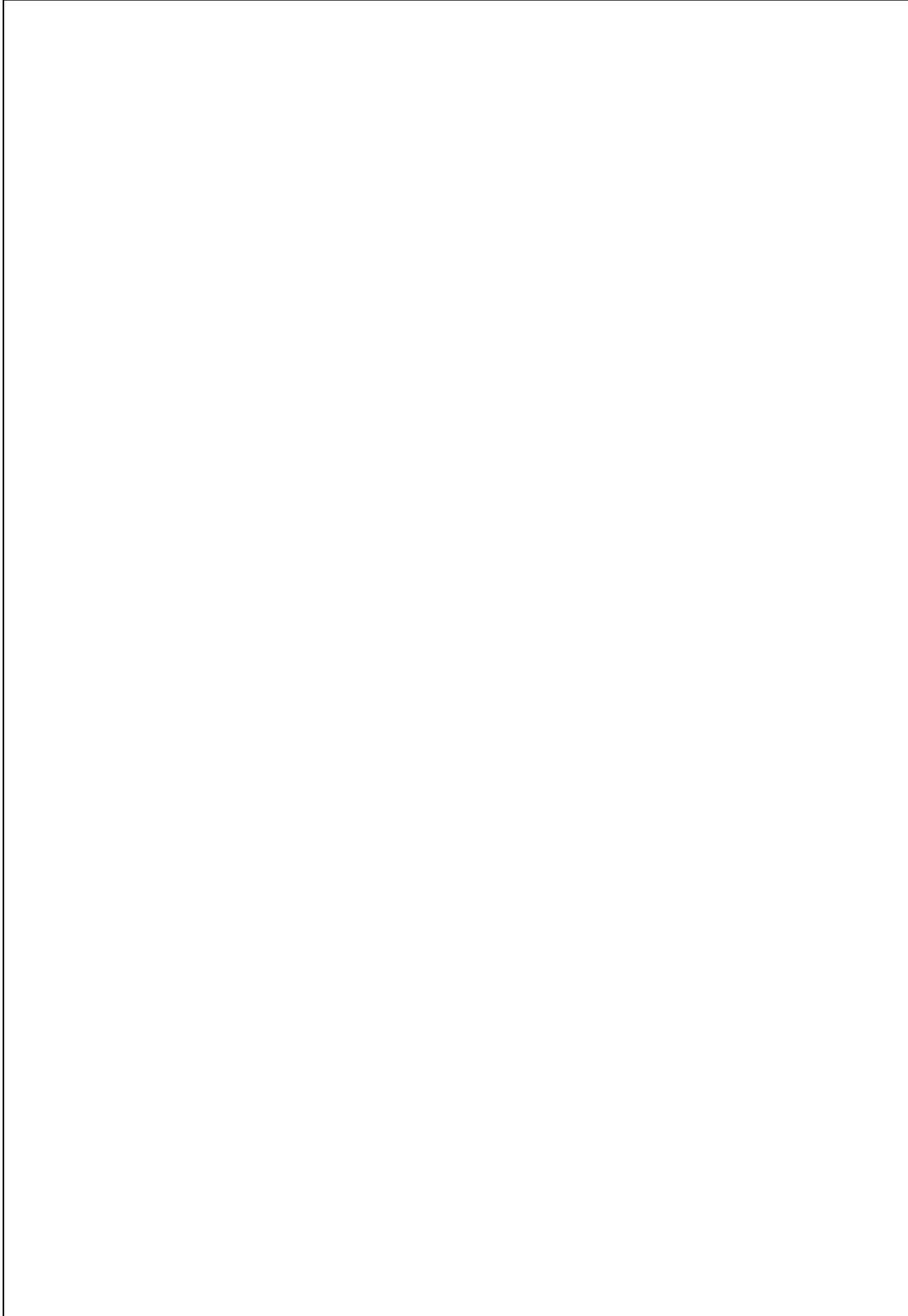
The appendix should include:

1. Human and/or animal research committee approvals or evidence of having submitted application to your institution, for approval. (If pending, approval must be received within 60 days of application).
2. Copy of human subjects consent forms, if applicable.
3. Reprints of three of your publications that are relevant to this proposal.
4. Submit 3 copies of the appendix attached to the original application and the two copies.

Name: _____

Part B.

Continuation Page

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the student to write their response to Part B.

New Albany Surgical Hospital Foundation Grant Application Checklist

- Limitation on font size and margins (12 points, 1 inch margins).
- Original application with all signatures.
- Signatures for institutional approval or pending approval for human or animal subjects and/or Radioisotopes/biohazards assurances. See Part A and Item #5.
- Signatures of the PI/Student. See Part A Item #6a.
- 2 copies of complete application.
- 3 copies of appendices (attached to the original, first and second copies of the application).
- 15 copies of the front page, the abstract and the budget.
- Self-addressed stamped postcard to verify receipt (optional).