



JOAN'S LEGACY

27 Union Square West, Suite 304, New York NY 10003

GRANT APPLICATION

Project Title:

Principal Investigator:

Name and degree:

Title:

Department:

Institution:

Complete address:

Phone:

Fax:

E-mail:

Principal Investigator's Supervisor:

Name:

Title:

Department:

Institution:

Address:

Phone:

E-mail:

Project Description:

(Begin on separate page. Start with a Lay Abstract that explains your project completely in lay terms that will be clear to individuals who do not have a scientific background. This is very important. Follow this with a Scientific Abstract version that would be appropriate for a reviewer of a peer-review journal. After this include background; project hypothesis; research design and methods; and a few pertinent references. Do not include reprints of your previous publications. Clarity and brevity are highly desirable qualities in an application.)

Human Subjects Research?

Vertebrate Animals?

Amount Requested:

Period of Funding: / / to / /

Project Budget:

A. Personnel: (Include name, title, organization, and role in project for each.)

B. Equipment:

C. Supplies:

D. Other Expenses:

Other Research Support:

Facilities: (Specify the laboratory including location, space available, director, access limitations; clinical setting including location and nature; animal facilities; office space including location, amount of space and computer equipment available; other pertinent facility information.)

P.I. Biography: (Begin on separate page. Include education/training; positions and honors; list of presentations at national/international meetings; list of peer-reviewed publications).

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

P.I. Signature:

Send original application and 5 copies to: Joan's Legacy, c/o David A. Hidalgo, M.D.,
655 Park Avenue, New York, NY 10021.
