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| (This form was adapted from the NIH 398 grant application form) | | | | | | | | |
|  | | | | Child Health Research Center **Grant Application** | | | | |
| **TITLE OF PROJECT:** | | | | | | | | |
| **PRINCIPAL INVESTIGATOR** | | | | | | | | |
| NAME (Last, first, middle): | | | | | | DEGREE(S): | | |
|  | | | | | |  |  |  |
| POSITION TITLE: | | | | | | MAILING ADDRESS *(Street, city, state, zip code)* | | |
| DEPARTMENT: | | | | | |
| DIVISION: | | | | | |
|  | | | | | |
| TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | E-MAIL ADDRESS: | | |
| TEL: |  | FAX: |  | | |  | | |
| HUMAN SUBJECTS RESEARCH | | Research Exempt | | | Clinical Trial | VERTEBRATE ANIMALS | | |
| No  Yes | | No  Yes | | | No  Yes | No  Yes | | |
| **APPLICANT SIGNATURE: DATE:**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

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| **Project Abstract**: | |
|  | |
| **Relevance:** | |
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| **Project/Performance Site Primary Location.** | | | |
| **Division Name** | **Building** | | **Room** |
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| **SENIOR/KEY PERSONNEL.** List all other senior/key personnel in alphabetical order, last name first | | | |
| **Name** | | **Peds Division (or other Department)** | **Role on Project** |
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| Research Plan (Specific Aims, Significance, Innovation, Research Strategy) (*Not to exceed 6 pages*) |  |
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| 1. Protection of Human Subjects |  |
| 2. Inclusion of Women and Minorities |  |
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| Vertebrate Animals |  |
| Letters of Support |  |

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| --- | --- | --- |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM: | THROUGH: |
| 01/01/2015 | 12/31/2015 |

List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  | PD/PI |  |  |  | |  |  |  | |  |
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| SUBTOTALS | | | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | | | | | | | | | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |

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**Budget Justification**:**Biosketch(s)** (NIH format)

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|  |
| RESOURCES |
|  |
| **PI Lab:**  **Major Equipment:**  **Offices:**  **Other:**  **Core Laboratory Services**: |

**Research Plan:**

**Literature Cited:**

**Protection of Human Subjects:**

Planned Enrollment Table

Study Title:

Comments:

|  | Ethnic Categories | | | | |
| --- | --- | --- | --- | --- | --- |
| Racial Categories | Not Hispanic or Latino | | Hispanic or Latino | | Total |
|  | Female | Male | Female | Male |  |
| American Indian/ Alaska Native |  |  |  |  |  |
| Asian |  |  |  |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |  |  |
| Black or African American |  |  |  |  |  |
| White |  |  |  |  |  |
| More Than One Race |  |  |  |  |  |
| Total |  |  |  |  |  |

**Vertebrate Animals:**