Dravet Syndrome Foundation	Date Submitted:
GRANT APPLICATION	Proposal Type:
	If renewal, current grant:
	Resubmission? Prior App:
TITLE OF PROJECT:	
APPLICANT NAME:	HIGHEST DEGREE(S)
POSITION TITLE:	APPLICANT'S CURRENT INSTITUTION
ACADEMIC RANK:	
DIVISION:	MAILING ADDRESS
DEPARTMENT:	
E-MAIL ADDRESS:	
TEL: FAX:	
DATES OF PROPOSED PROJECT (MM/DD/YYYY)	PROPOSED BUDGET
From: Through:	
	SIGNING OFFICIAL FOR
Name:	Name:
Address:	Title:
	Address:
TEL: FAX:	TEL: FAX:
EIN:	EMAIL ADDRESS
DUNS:	
HUMAN SUBJECTS No ☐ Yes ☐	VERTEBRATE ANIMALS No ☐ Yes ☐
Human Subjects Assurance No. IRB Status:	Animal Welfare Assurance No. IACUC Status:
IRB Date:	IACUC Date:
RECOMBINANT DNA	BIOHAZARDS
Status:	
Date:	
APPLICANT ASSURANCE : I certify that the statements herein are true any false, fictitious, or fraudulent statements or claims may subject me tresponsibility for the scientific conduct of the project and to provide the application.	o criminal, civil, or administrative penalties. I agree to accept
SIGNATURE OF APPLICANT:	DATE:
SIGNING OFFICIAL ASSURANCE : I certify that the statements herein accept the obligation to comply with the grantor's terms and conditions	are true, complete and accurate to the best of my knowledge and if a grant is awarded as a result of this application. I am aware that any
false, fictitious, or fraudulent statements or claims may subject me to cri	
SIGNATURE OF SIGNING OFFICIAL:	DATE:

Contacts: Applicant, Supervisor and other Key Personnel

Contacts.	Applicant, Supervisor and other key reisonner
Role	Role
Name	Name
Institution	Institution
Title	Title
Division	Division
Dept	Dept
Address	Address
radicus	, address
Tel:	Tel:
Email:	Email:
Role	Role
Name	Name
Institution	Institution
Title	Title
Division	Division
Dept	Dept
Address	Address
Tell	Tol
Tel:	Tel:
Email:	Email:
Role	Role
Name	Name
Institution	Institution
Title	Title
Division	Division
Dept	Dept
Address	Address
Tel:	Tel:
Email:	Email:
Role	Role
Name	Name
Institution	Institution
Title	Title
Division	Division
Dept	Dept
Address	Address
Tel:	Tel:
Email:	Email:
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LAY SUMMARY

APPLICANT NAME	DATE SUBMITTED		
TITLE OF PROJECT			
This Lay Summary will become public information; therefore, do not include proprietary/confidential information.			
LAY SUMMARY – 10 lines maximum			

SCIENTIFIC ABSTRACT

APPLICANT NAME	DATE SUBMITTED		
TITLE OF PROJECT			
This Scientific Abstract will become public information; therefore, do not include proprietary/confidential information.			
ABSTRACT – not to exceed 300 words			

PROJECT PROPOSAL, INCLUDING SPECIFIC AIMS – 1 page

RESEARCH PLAN - 5 pages maximum