

<b>Dravet Syndrome Foundation GRANT APPLICATION</b>	<b>Date Submitted:</b>	
	<b>Proposal Type:</b>	
	<b>If renewal, current grant:</b>	
	<b>Resubmission?                      Prior App:</b>	
<b>TITLE OF PROJECT:</b>		
<b>APPLICANT NAME:</b>	<b>HIGHEST DEGREE(S)</b>	
<b>POSITION TITLE:</b>	<b>APPLICANT'S CURRENT INSTITUTION</b>	
<b>ACADEMIC RANK:</b>		
<b>DIVISION:</b>		
<b>DEPARTMENT:</b>		
<b>E-MAIL ADDRESS:</b>		
<b>TEL:</b> <b>FAX:</b>	<b>MAILING ADDRESS</b>	
<b>DATES OF PROPOSED PROJECT (MM/DD/YYYY)</b>		<b>PROPOSED BUDGET</b>
<b>From:</b> <b>Through:</b>		
<b>Name:</b>	<b>SIGNING OFFICIAL FOR</b>	
<b>Address:</b>	<b>Name:</b>	
	<b>Title:</b>	
	<b>Address:</b>	
<b>TEL:</b> <b>FAX:</b>	<b>TEL:</b> <b>FAX:</b>	
<b>EIN:</b>	<b>EMAIL ADDRESS</b>	
<b>DUNS:</b>		
<b>HUMAN SUBJECTS</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>VERTEBRATE ANIMALS</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	
Human Subjects Assurance No.                      IRB Status:	Animal Welfare Assurance No.                      IACUC Status:	
IRB Date:	IACUC Date:	
<b>RECOMBINANT DNA</b>	<b>BIOHAZARDS</b>	
<b>Status:</b>		
<b>Date:</b>		

**APPLICANT ASSURANCE:** 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.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNING OFFICIAL ASSURANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with the grantor's terms and conditions 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 criminal, civil, or administrative penalties.

**SIGNATURE OF SIGNING OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Contacts:****Applicant, Supervisor and other Key Personnel**

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:	
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:	

## 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

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## 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**