

<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:                          FAX:</b>	
<b>MAILING ADDRESS</b>	
<b>DATES OF PROPOSED PROJECT (MM/DD/YYYY)</b>	
<b>From:                          Through:</b>	<b>PROPOSED BUDGET</b>
<b>Name:</b>	<b>SIGNING OFFICIAL FOR</b>
<b>Address:</b>	
<b>TEL:                          FAX:</b>	<b>TEL:                          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:** \_\_\_\_\_