

Dravet Syndrome Foundation GRANT APPLICATION Post-Doctoral Fellowship	Date Submitted:
	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:	
DEPARTMENT:	
E-MAIL ADDRESS:	
TEL: FAX:	
DATES OF PROPOSED PROJECT (MM/DD/YYYY)	PROPOSED BUDGET
From: Through:	
Name:	SIGNING OFFICIAL FOR
Address:	
TEL: FAX:	
EIN:	
DUNS:	EMAIL ADDRESS
HUMAN SUBJECTS No <input type="checkbox"/> Yes <input type="checkbox"/>	VERTEBRATE ANIMALS No <input type="checkbox"/> Yes <input type="checkbox"/>
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, 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