

Sharpe – Strumia Research Foundation of the Bryn Mawr Hospital  <h1 style="margin: 0;">Grant Application</h1>		<b>LEAVE BLANK – FOR FOUNDATION USE ONLY</b>	
		Grant Assignment No.	
		Date Received	
1. TITLE OF PROJECT			
2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR		2a. NEW INVESTIGATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
2b. NAME		2c. DEGREE(S)	
2d. POSITION TITLE		2e. MAILING ADDRESS ( <i>Street, city, state, zip code AND E-MAIL</i> )	
2f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT			
2g. MAJOR SUBDIVISION			
2h. TELEPHONE AND FAX ( <i>Area code, number and extension</i> ) <i>Telephone</i> <span style="float: right;"><i>Fax</i></span>			
3. HUMAN SUBJECTS No Yes	3a. If “Yes,” Exemption no. <b>or</b> IRB approval date  Full IRB <b>or</b> Expedited Review	3b. IRB approval file number	4. VERTEBRATE ANIMALS No Yes
			4a. If “Yes,” IACUC approval date
			4b. Animal Welfare assurance no.
5. DATES OF PROPOSED PERIOD OF SUPPORT ( <i>month, day, year-MM/DD/YY</i> )		6. COSTS REQUESTED FOR INITIAL BUDGET PERIOD	
From	Through	7. <i>Is this a resubmission/renewal of a previously funded proposal?</i>  Yes <span style="margin-left: 150px;">No</span>	
8. APPLICANT ORGANIZATION  Name  Address			
9. OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Title Address  Telephone Fax E-mail		10. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Title Address  Telephone Fax E-mail	
11. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR 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. <b>I UNDERSTAND THE FOUNDATION'S INTELLECTUAL PROPERTY POLICY AND AGREE TO ABIDE BY ITS TERMS.</b>  <b>Check Box to Agree</b>		SIGNATURE OF PI/PD NAMED IN 2a. ( <i>In ink, “Per” signature not acceptable.</i> )	
12. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE I certify that the statements herein are true, complete, and accurate to the best of my knowledge.		SIGNATURE OF OFFICIAL NAMED IN 10. ( <i>In ink, “Per” signature not acceptable.</i> )	

DESCRIPTION: State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. DO NOT EXCEED THE SPACE PROVIDED.

[Large empty rectangular box for project description]

**PERFORMANCE SITE(S)**

_____	City _____	State _____	Zip _____
_____	City _____	State _____	Zip _____
_____	City _____	State _____	Zip _____
_____	City _____	State _____	Zip _____

**KEY PERSONNEL:** Use continuation pages as needed to provide the required information in the format shown below.

**Letters of collaboration from any co-investigator or senior-level collaborator should be attached to the research plan.**

Name _____	Organization _____	Role on Project _____
Name _____	Organization _____	Role on Project _____
Name _____	Organization _____	Role on Project _____
Name _____	Organization _____	Role on Project _____
Name _____	Organization _____	Role on Project _____

Type the name of the principal investigator/program director at the top of each printed page and each continuation page.

**SHARPE – STRUMIA RESEARCH GRANT**

**TABLE OF CONTENTS**

Page

- Face Page
- Description, Performance Sites, and Personnel..
- Table of Contents
- Detailed Budget for Initial Budget Period.
- Budgets Pertaining to Consortium/Contractual Arrangements
- Budget Justification
- Biographical Sketch—Principal Investigator/Program Director (Not to exceed two pages)
- Other Biographical Sketches (Not to exceed two pages for each).
- Other Support .
- Resources .

**Research Plan**

**ITEMS a through d NOT TO EXCEED 6 PAGES TOTAL OR APPLICATION WILL BE RETURNED**

Page

- a.. Specific Aims.
- b. Background and Significance ..
- c. Preliminary Studies on project / Progress Report if previously funded by our Foundation.
- d. Research Design and Methods.
- e. Human Subjects (describe the use of human subjects; state whether IRB approval has been obtained or an application is in progress) .
- f. Vertebrate Animals
- g. Literature Cited
- h. Consortium/Contractual Arrangements.
- i. Consultants..
- j Letters of Collaboration from consultants and other key personnel (excludes Co-investigators for whom biographical sketch and conflict of interest forms are being submitted, as well as laboratory technicians, study nurses, students, residents and fellows-in-training)

\* Type density and type size of the entire application must conform to limits provided in instructions.

Check if Appendix is included

Appendix (Seven collated sets, no page numbering necessary for Appendix.)

**Recent publications and manuscripts limited to ONE Principal Investigator or Co-investigator complete published reference or accepted/submitted manuscript that relates directly to the proposed project; the FACE pages only of no more than 5 publications or face pages/abstracts of any unpublished manuscripts may be submitted as additional support.**

1.
2.
3.
4.
5.
6.

**Other items (list):**

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY				FROM	THROUGH
PERSONNEL (Applicant organization only)		Total Hours	Hourly Rate	DOLLAR AMOUNT REQUESTED (omit cents)	
NAME	ROLE ON PROJECT			Salary Requested (Including Fringe Benefits)	TOTALS
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>SUBTOTALS</b> →					
CONSULTANTS COSTS (if being paid with a separate 1099)					\$
<b>Consultant Total</b>					\$
EQUIPMENT (Itemize)					\$
					\$
					\$
<b>Equipment Total</b>					\$
SUPPLIES (Itemize by category)					\$
					\$
					\$
<b>Supply Total</b>					\$
PATIENT CARE COSTS (check yes or no)		INPATIENT			\$
		OUTPATIENT			\$
Yes	No	TESTS			\$
<b>Patient Care Total</b>					\$
OTHER EXPENSES (Itemize by category)					\$
					\$
<b>Other Expense Total</b>					\$
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>					\$
					\$
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> →					\$

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**BUDGET JUSTIFICATION**

**Personnel:**

**Supplies:**

**Other Expenses:**

**BIOGRAPHICAL SKETCH**

Provide the following information for the key personnel in the order listed on Form Page 2.  
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE
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EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

**RESEARCH AND PROFESSIONAL EXPERIENCE:** Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

**OTHER SUPPORT**

Please indicate any other grant support that exists or has been applied for regarding this project. Include specific aims of each funded grant, along with title, principal investigator(s), funding source, dollar amount of award, inclusive dates. Please also list any patents obtained or applied for as well as current business collaborations that relate directly to this proposal. Attach additional pages if needed.

**CONFLICTS OF INTEREST**

I have no actual or potential conflict of interest in relation to this research proposal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Print Name

-----  
 I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of this research proposal. Please provide full details on a separate sheet(s).

Affiliation/Financial Interest

Name(s) of Organization(s)

Consultant

\_\_\_\_\_

Speakers' Bureau

\_\_\_\_\_

Stock Shareholder

(Refer to MLH Policy for amounts that constitute a conflict of interest.)

\_\_\_\_\_

Royalty Arrangements

\_\_\_\_\_

Licensing Arrangements

\_\_\_\_\_

Other Financial or Material Support

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Print Name