

**Principal Investigator Information** Date of Submission: Principal Investigator Name and Title: Institution Name and Address: Phone: Fax: Email Address: **Investigator Education/Training** Institution: Degree and Year: Field of Study: **Summary of Grant Request** Title of Proposed Project: Project Type: □Animal Models □Human Subjects Research Institutional Review Board: 
□ Requested □ Granted □Not Applicable Duration of Project Period (not to exceed 2 years): Anticipated End Date: Anticipated Start Date: Total Budget Requested in US Dollars (not to exceed \$25,000 per year in total costs):



child health initiative to lessen disease through research and education now!

Research Study Information
Institution where the proposed research will take place:
Are there additional funding sources for this project? $\Box$ YES $\Box$ NO
If yes, please specify additional funds and source:
Project Abstract (please provide a brief description of the project plan, highlighting goals and objectives of the research in no more than 250 words):
Application Checklist
Completed and Signed Application
Research Proposal
<ul> <li>Budget and Budget Justification</li> <li>CV</li> </ul>
Applicant Certification and Acceptance
Leartify that the statement and all of the above information are accurate and complete to the
I certify that the statement and all of the above information are accurate and complete to the best of my knowledge. I agree to comply with the terms of the conditions of the award if issued. I am aware that any fraudulent statements or claims may be subject to penalties and immediate dismissal from the Program. I will acknowledge the Jeffrey Modell Foundation in all materials and publications that result from the Program. I agree to all of the above terms by signing this application.
Signature Printed Name Date