

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
 Budget and Budget Justification CV
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