



Jeffrey Modell Foundation
Translational Research Program

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: <input type="checkbox"/> Animal Models <input type="checkbox"/> Human Subjects Research		
Institutional Review Board: <input type="checkbox"/> Requested <input type="checkbox"/> Granted <input type="checkbox"/> Not Applicable		
Duration of Project Period (not to exceed 2 years):		
Anticipated Start Date:	Anticipated End Date:	
Total Budget Requested in US Dollars (not to exceed \$250,000 total costs):		



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Research Study Information

Institution where the proposed research will take place:

Are there additional funding sources for this project? YES NO

If yes, please specify additional funds and source:

What are your plans, if any, to acquire additional funding for this project during the project period? (Please note that overlapping funding may result in the reduction or cessation of JMF funding for the project and any potential overlap should be reported to the JMF.):

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

- Letter of Intent
- Completed and Signed Application
- Research Proposal
- Budget and Budget Justification
- CV

Applicant Certification and Acceptance

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