



## 2017 APPLICATION FORM FOR CCF RESEARCH GRANT

### RESEARCH INFORMATION

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Title of Research Project: \_\_\_\_\_

Type of Research:             Basic       Clinical       Population/Epidemiologic       Translational  
Research Involvement:     Human Subjects       Animal Subjects       Biohazards

### APPLICANT INFORMATION

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Principal Investigator Name (First, MI, Last) \_\_\_\_\_

Title \_\_\_\_\_ Degree(s) \_\_\_\_\_

Institution \_\_\_\_\_ Division/Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### INSTITUTION & SUPERVISOR INFORMATION

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If research is to be conducted at a different site:

Institution \_\_\_\_\_ Division/Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

If a supervisor or co-investigator is involved:

Supervisor Name \_\_\_\_\_ Title/Degree(s) \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Co-investigator Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ Division/Department \_\_\_\_\_

Co-investigator's Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## 2017 APPLICATION FORM FOR CCF RESEARCH GRANT (cont.)

### RESEARCH PROJECT BUDGET

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Total research project budget: \$ \_\_\_\_\_

CCF funding requested (\$50,000 maximum): \$ \_\_\_\_\_

Grant payment check should be made payable to: \_\_\_\_\_

Grant payment check should be mailed to (i.e. grants administration office): \_\_\_\_\_

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### APPLICANT'S STATEMENT

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I certify that the information contained in this grant application is accurate and not misleading. I agree to accept responsibility for the scientific direction, conduct, and financial and legal oversight of this project. I certify that I have read CCF's research grant terms and understand the grant requirements if awarded funding by CCF.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Application Check List:

- Application form
- Project abstract
- Lay person summary
- Research Plan
- Budget
- Biographical sketches
- Human subject IRB or Animal IACUC approvals