



2009 APPLICATION FORM FOR CCF RESEARCH GRANT

RESEARCH INFORMATION

Title of Research Project: _____

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

APPLICANT INFORMATION

Principal Investigator Name (First, MI, Last) _____

Title _____ Degree(s) _____

Institution _____ Division/Department _____

Mailing Address _____

Phone _____ Fax _____ E-mail _____

INSTITUTION & SUPERVISOR INFORMATION

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 _____

APPLICATION FORM FOR CCF RESEARCH GRANT (cont.)

RESEARCH PROJECT BUDGET

Total research project budget: \$ _____

CCF funding requested: \$ _____

Grant payment check should be made payable to: _____

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

APPLICANT'S STATEMENT

I certify that to the best of my knowledge and belief, all of the statements and information contained herein and on any attachments are true, correct, complete and made in good faith. I have read CCF's terms and understand the requirements of the grant award.

Applicant's Signature: _____

Date: _____

Application Check List:

- Title page
- Project abstract
- Lay person summary
- Research Plan
- Budget
- Biographical sketches
- Animal and human subject IRB approvals