



2018 APPLICATION FORM FOR CCF RESEARCH GRANT

RESEARCH INFORMATION

Title of Research Project: _____

Type of Research: Basic Clinical Population/Epidemiologic 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 _____

2018 APPLICATION FORM FOR CCF RESEARCH GRANT (cont.)

RESEARCH PROJECT BUDGET

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): _____

APPLICANT'S STATEMENT

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