

THE LAM FOUNDATION GRANT APPLICATION		1. OFFICE USE ONLY		Check Payee: _____
		Approved: _____		_____
		Contract Rec'd: _____		Check sent: _____ Cert. Rec'd: _____
AWARD TYPE		Amount:	Funding Period:	Progress Report:
<input type="checkbox"/> Fellowship Award <input type="checkbox"/> Grant in Aid Award <input type="checkbox"/> Pilot Project Award <input type="checkbox"/> Special Project Award <input type="checkbox"/> Established Investigator Award		From: _____	Due: _____	
		To: _____	Received: _____	
2. APPLICANT				
2a. (Last, First, Middle)		2b. Degree(s)		2c. Social Security No.
2d. Birth Date	2e. Citizenship <input type="checkbox"/> United States <input type="checkbox"/> Canadian <input type="checkbox"/> Other			2f. Permanent Visa No.
3. CURRENT INSTITUTION			4. PERFORMANCE INSTITUTION	
3a. Name			4a. Name	
3b. Academic Institution			4b. Academic Institution	
3c. Division			4c. Division	
3d. Department			4d. Department	
3e. Mailing Address (Street, Bldg., Box #, Room, City, State, Zip)			4e. Mailing Address (Street, Bldg., Box #, Room, City, State, Zip)	
3f. Telephone: ()			4f. Telephone: ()	
3g. Fax: ()			4g. Fax: ()	
3h. E-mail:			4h. E-mail:	
3i. Mentor, if applicable			4i. Mentor, if applicable	
5. POSITION				
Title of applicant at time of award				
6. RESEARCH INVOLVEMENT				
a. Human Subjects		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Approved _____
(see page 8) b. Animal Subjects		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Approved _____
c. Biohazards		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Approved _____
7. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION				
Name				
Title				
Signature				
8. APPLICANT SIGNATURE				
Name			Date	

9. SUMMARY OF PROPOSED RESEARCH

9a. Title of Project

9b. Summary (Single space, limit to space provided.)

10. KEY PERSONNEL ENGAGED IN PROJECT

Name	Position, Title, and Role in Project	Division/Department

11. BIOGRAPHICAL SKETCH (For all key personnel, beginning with principal investigator.)

Name	Position/Title
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EDUCATION (Begin with baccalaureate or other initial professional degrees/appointments and include postdoctoral training.)

Institution and Location	Degree	Year Conferred	Field of Study

RESEARCH AND PROFESSIONAL EXPERIENCE

Concluding with present position, list in chronological order, previous employment, experience, and honors. Also list references to all publications during the past three years and to representative earlier publications pertinent to the application.
DO NOT EXCEED TWO PAGES.

12. DETAILED BUDGET FOR FIRST 12-MONTH BUDGET PERIOD — Direct Cost Only				
Name of Personnel	Role in Project	Salary	Fringe Benefit	Total Dollar Amount (Omit Cents)
	Principal Investigator			
Equipment (Itemize)				
Supplies (Itemize)				
Travel				
Publications				
Other Expenses				
Total Expenses for the First 12-Month Budget Period:				

13. BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

BUDGET CATEGORY	Year 1	Year 2	Year 3	Total
Personnel & Fringe				
Supplies				
Equipment				
Travel				
Publications				
Other Expenses				
TOTAL				

14. BUDGET JUSTIFICATION

15. OTHER SUPPORT (may use additional pages)

Please use format:

Role (PI, collaborator, etc.)

Title

Source and Identification (e.g. NIH: R01)

Project Period

Direct Costs

Scientific and Budgetary Overlap

16. RECOMMENDATIONS

Name:	Address:
Title:	
Telephone: ()	
Name:	Address:
Title:	
Telephone: ()	
Name:	Address:
Title:	
Telephone: ()	

17. IN THE SPACE BELOW, BRIEFLY DESCRIBE YOUR CAREER OBJECTIVES AND HOW THIS AWARD WOULD ASSIST YOU IN ACHIEVING THESE OBJECTIVES.

18. SPONSOR STATEMENT

Sponsor Name (First, Middle, Last)	Degree
Sponsor Title and/or Position	
Division	Department
Mailing Address	Signature/Date

SPONSOR STATEMENT (Begin on a separate sheet do not exceed two pages.):

1. Outline the research program for the applicant, including the approximate percentage of time allotted for teaching, research, clinical training or other activities. Include a summary of facilities available for training and research. A detailed description is not required.
2. List individuals who you have trained over the past eight years and their present positions. Also list current and anticipated trainees during the period of this fellowship. Specify which trainees are under your direct supervision.
3. Describe how the study of LAM fits into your overall research program and research goals.
4. Clearly state your assurance that the rights and welfare of individual subjects in any research will be reviewed and approved by the appropriate institutional board or committee, and that the care and facilities for laboratory animals will be adequately considered and comply with NIH guidelines, including review and approval by the institutional committee.

***Guidelines for Use of Animals in Biomedical Research**

- a. Animals shall be used in biomedical research only when no other means of obtaining scientifically sound, valid and useful results are available.
- b. The minimum number of appropriate animals required to obtain and validate results shall be used.
- c. The acquisition, care and use of animals must be in accordance with all applicable federal, state and local laws and regulations.
- d. Certifications must be received from research facilities prior to being approved for a research grant that the facility(ies), its researchers and employees adhere to the Animal Welfare Act, National Research Council *Guide for the Care and Use of Laboratory Animals*, and any appropriate U.S Department of Agriculture or National Institutes of Health regulations and standards.
- e. In cases requiring the death of an animal, only the most appropriate and humane form of euthanasia shall be used consistent with the purpose of the research.

19. PROPOSED RESEARCH

Title of Project:

20. DESCRIPTION OF THE PROJECT (IN LAY TERMS) FOR PUBLIC INFORMATION

21. FACILITIES AND ENVIRONMENT

Grants Office

Grants Office Billing Information:

Institution: _____

Contact Person and Title: _____

Address: _____

City, State Zip Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Grants Office Correspondence Information (If different then billing information):

Institution: _____

Contact Person and Title: _____

Address: _____

City, State Zip Code: _____

Telephone: _____

Fax: _____

E-mail: _____