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| PCDH19 ALLIANCE | Date Submitted: |
| GRANT APPLICATION | Proposal Type: |
|   |   | If renewal, current grant: |
|   |  | Resubmission?  | Prior App: |
| TITLE OF PROJECT: |   |   |   |
| APPLICANT NAME: |   | HIGHEST DEGREE(S) |   |
| POSITION TITLE: |   | APPLICANT'S CURRENT INSTITUTION |
| ACADEMIC RANK: |   |   |   |
| DIVISION: |   | MAILING ADDRESS |   |
| DEPARTMENT: |   |   |   |
| E-MAIL ADDRESS: |   |   |   |
| TEL: | FAX: |   |   |
| DATES OF PROPOSED PROJECT (MM/DD/YYYY) | PROPOSED BUDGET |
| FROM: | THROUGH: |   |   |
|   |   | SIGNING OFFICIAL FOR |   |
| Name: |   | Name: |   |
| Address: |   | Title: |   |
|   |   | Address: |   |
|   |   |   |   |
|   |   |   |   |
| TEL: | FAX: | TEL: | FAX: |
| EIN: |   | EMAIL ADDRESS |   |
| DUNS: |   |   |   |
| HUMAN SUBJECTS | No Yes | VERTEBRATE ANIMALS | No Yes |
| Human Subjects Assurance No. |  | Animal Welfare Assurance No. |   |
| IRB Status: |  | IACUC Status: |   |
| IRB Date: |   | IACUC Date: |   |
| RECOMBINANT DNA |   | BIOHAZARDS |   |
| Status: |   |   |   |
| Date: |   |   |   |

APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application

SIGNATURE OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNING OFFICIAL ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with the grantor’s terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, administrative penalties.

SIGNATURE OF SIGNING OFFICIAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_