

JEFFREY MODELL CENTERS NETWORK RESEARCH GRANT APPLICATION

I: Principal Investigator Information

Principal Investigator Name: _____

Principal Investigator Title: _____

Email Address: _____

Phone Number: _____

Institution Name: _____

Institution Address: _____

II: Investigator Education / Training

Institution: _____

Field of Study: _____

Degree and Year: _____

Are you a member of the Jeffrey Modell Centers Network? Yes No

III: Children Research Project Details

Title: _____

Project Abstract:

Please provide a brief description of your proposed research project, highlighting the objective of the research and specific aims:

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III: Children Research Project Details Continued

Institutional Review Board: Requested Granted Not Applicable

Proposed Project Period:
Maximum 2 Year Duration

Anticipated Start Date:

Anticipated End Date:

Total Amount Requested:
Maximum \$25,000/ USD Year

Are there additional funding sources for this project:

Yes No Not Applicable

Amount of Additional Funds:

Source of Additional Income:

IV: File Attachments

Project Proposal:

Attach File

Detailed Budget & Justification:

Attach File

CV:

Attach File

V: Applicant Certification and Acceptance

I certify that the statement and all of the above information are accurate and complete to the best of my knowledge. I agree to comply with the terms of the conditions of the award if issued. I am aware that any fraudulent statements or claims may be subject to penalties and immediate dismissal from the Program. I will acknowledge the Jeffrey Modell Foundation in all materials and publications that result from the Program. I agree to all of the above terms by signing this application.

Signature: _____

Date: _____