

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: Specific Defect 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:

III: Specific Defect Research Project Details Continued

Project Type: Animal Models Human Subjects Research

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: _____