**Application Title:** Click or tap here to enter text.

**Applicant Information  
Name:** Click or tap here to enter text.

**Position Title:** Click or tap here to enter text.

**Department *I* Division:** Click or tap here to enter text.

**Date completing medical school (month/year):** Click or tap here to enter text.

**Date completing pediatric neurology residency month/year):** Click or tap here to enter text.

**Applicant Contact Information**

**Address:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Applicant Organization**

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Administrative Official to be notified if grant is made   
Name:** Click or tap here to enter text.

**Administrative Title:** Click or tap here to enter text. **Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Grant preference (Select only one)**

**Pediatric Epilepsy Research Foundation® (PERF®) Elterman Research Grant**

**Pediatric Epilepsy Research Foundation® (PERF®) Shields Research Grant**

**PERF® Career Development Grant Face Page 2**

**Prior or current NIH Grant/Award:  No  Yes. If yes, list grants:** Click or tap here to enter text.

**Is there an overlap between current grant(s) and the proposed project?  No  Yes   
If yes, describe overlap (in budget and/or scientific).** Click or tap here to enter text.

**Human Subjects:  No  Yes Vertebrate Animals:  No  Yes   
Applicant Signature | Date**

**X**

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**ABSTRACT**

**SPECIFIC AIMS**

**WORK DONE BY OTHERS**

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See *Career Development Awards FAQ Sheet* for Instructions

**VERTEBRATE ANIMALS**See *Career Development Awards FAQ Sheet* for Instructions

**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

**DIRECT COSTS ONLY**



\*DOUBLE CLICK COLUMN TO ENTER DATA, TABLE WILL AUTO FORMULATE

Justification of Costs:

**RESOURCES**

FACILITIES

Provide ONLY specific facilities to be used for this project. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under "Other" identify support services such as machine shop, electronics shop and specify the extent to which they will be available to the project.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project noting the location and pertinent capabilities of each.

## PERFORMANCE SITES AND KEY PERSONNEL

PERFORMANCE SITE(S) (Organization, city, state)

KEY PERSONNEL

Name Organization Role on Project