|  |  |
| --- | --- |
| **Project Title:**  | Click or tap here to enter text. |
| **Principal** **Investigator** **(PI):** | Click or tap here to enter text. |
| **PI Institution:** | Click or tap here to enter text. |
| **PI** **Contact** **Information:** | **Mailing** **Address:**Click or tap here to enter text. | **Department:**Click or tap here to enter text. |
| **E-mail** **Address:**Click or tap here to enter text. |
| **Telephone** **Number:**Click or tap here to enter text. |
| **Administrative Official to be notified if proposal is funded:**  | **Name:**Click or tap here to enter text. | **Department:**Click or tap here to enter text. |
| **Mailing** **Address:** Click or tap here to enter text. | **E-mail Address:**Click or tap here to enter text. |
| **Telephone** **Number:**Click or tap here to enter text. |
| **E-mail Address:**Click or tap here to enter text. |
| **Telephone** **Number:**Click or tap here to enter text. |
| **Briefly describe how the proposed project meets the objectives of this request for applications and the potential impact of the proposed work.** (Up to 300 words)Click or tap here to enter text. |
| **Human** **Subjects Research:** Choose an item. | **Human** **Subjects** **Assurance** **#:** Click or tap here to enter text.**IRB** **Status** **and** **Date:** Click or tap here to enter text. |
| **Animal Research:** Choose an item. | **Animal** **Welfare** **Assurance** **#:** Click or tap here to enter text.**IACUC** **Status** **and** **Date:** Click or tap here to enter text. |
|  **Recombinant** **DNA:** Choose an item. | **Biohazards:** Choose an item.**IBC** **Status** **and** **Date:** Click or tap here to enter text. |
| **Has the PI applied for NIH R01 or CIHR Operating/Project Grant support during the past two years?**Choose an item. | **What year did PI apply for NIH R01 or CIHR Operating/Project support?**Click or tap here to enter text. | **Does the PI currently have a K-award (or equivalent) funding that will expire prior to potential funding of their first R01 grant?**Choose an item. |

***(PERF gladly accepts digital signatures)***

|  |  |  |
| --- | --- | --- |
| **Principal Investigator’s Name:**Click or tap here to enter text. | **Principal Investigator’s Signature:** | **Date:**Click or tap here to enter text. |
| **Mentor’s Name (if applicable):**Click or tap here to enter text. | **Mentor’s Signature (if applicable)** | **Date**Click or tap here to enter text. |
| **Authorized Institutional Officials Name:**Click or tap here to enter text. | **Authorized Institutional Official’s (AIO) Signature** | **Date:**Click or tap here to enter text. |

The undersigned affirms that the responsible governing body approves the submission of this grant request and is aware of and concurs with the purposes of the project set forth. Further, the undersigned agrees that if a grant is made, it will use the funds only for the purpose(s) set forth in the Grant Application provided to The Pediatric Epilepsy Research Foundation.