|  |  |  |  |
| --- | --- | --- | --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_