

American Neuromuscular Foundation Neuromuscular Research Grant Application		Date Submitted:	
		Resubmission?	Prior App:
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>			
APPLICANT NAME		HIGHEST DEGREE(S)	
POSITION TITLE:		APPLICANT'S CURRENT INSTITUTION MAILING ADDRESS <i>(Street, city, state, postal code, country)</i>	
ACADEMIC RANK:			
DIVISION:			
DEPARTMENT:			
E-MAIL ADDRESS:			
Tel:		Fax:	
PROGRAM ELIGIBILITY INFORMATION: <i>(See information on https://www.neuromuscularfoundation.org/Research/Funding-Opportunities/Development-Grants)</i>			
DATES OF PROPOSED PROJECT <i>(MM/DD/YYYY)</i> From _____ Through _____		PROPOSED BUDGET	
Name Address Tel: _____ Fax: _____ EIN _____ DUNS _____		SIGNING OFFICIAL FOR Name Title Address Tel: _____ Fax: _____ E-MAIL ADDRESS _____	
HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes Human Subjects Assurance No. _____ IRB Status: _____ IRB Date: _____		VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes Animal welfare assurance no. _____ IACUC Status: _____ IACUC Date: _____	
RECOMBINANT DNA Status: _____ Date: _____		BIOHAZARDS	
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 <i>(In ink. "Per" signature not acceptable.)</i>	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, or administrative penalties.		SIGNATURE OF SIGNING OFFICIAL <i>(In ink. "Per" signature not acceptable.)</i>	DATE
ADDITIONAL SIGNATURE (follow guidelines for required signatures): I certify that the statements herein are true, complete and accurate to the best of my knowledge.	DATE	ADDITIONAL SIGNATURE (follow guidelines for required signatures): I certify that the statements herein are true, complete and accurate to the best of my knowledge.	DATE

Applicant:

Application Contacts

Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.

SCIENTIFIC ABSTRACT

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

This Scientific Abstract will become public information; therefore, do not include proprietary/confidential information.

American Neuromuscular Foundation Neuromuscular Research Grant Research Proposal	Applicant Name:
	Title of Project:
	Date Submitted:

RESEARCH PLAN - (page 1 of 4) 4 page limit

BUDGET (1 page)

BUDGET JUSTIFICATION (1 page)

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REFERENECEES CITED IN PROPOSAL (1 page)