Date Submitted: **American Neuromuscular Foundation Neuromuscular Research** Prior App: **Grant Application** Resubmission? TITLE OF PROJECT (Titles exceeding 81 characters, including spaces and punctuation, will be truncated.) APPLICANT NAME HIGHEST DEGREE(S) POSITION TITLE: APPLICANT'S CURRENT INSTITUTION ACADEMIC RANK: DIVISION: MAILING ADDRESS (Street, city, state, postal code, country) DEPARTMENT: E-MAIL ADDRESS: Tel: Fax: PROGRAM ELIGIBILITY INFORMATION: (See information on https://www.neuromuscularfoundation.org/Research/Funding-Opportunities/Development-Grants) DATES OF PROPOSED PROJECT (MM/DD/YYYY) PROPOSED BUDGET From Through SIGNING OFFICIAL FOR Name Name Address Title Address

Tel: Fax:		Tel: E-MAIL ADDRESS	Fax:	
DUNS		E-IMAIL ADDRESS		
		VERTEBRATE ANIMALS No Yes Animal welfare assurance no. IACUC Status: IACUC Date:		
RECOMBINANT DNA Status: Date:		BIOHAZARDS		
· · · - · · · · · · · · · · · · · · · ·		SIGNATURE OF APPLICANT (In ink. "Per" signature not acc	eptable.)	DATE
		SIGNATURE OF SIGNING OFFICIAL (In ink. "Per" signature not acceptable.)		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.		ADDITIONAL SIGNATURE (follow signatures): I certify that the statem complete and accurate to the best	ents herein are true,	DATE

Applicant:

Application Contacts

Role		Role		
Name		Name		
Institution		Institution		
Title		Title		
Division		Division		
Dept		Dept		
Address		Address		
Tel:	Fax:	Tel:	F	ax:
E-mail		E-mail		
Role		Role		
Name		Name		
Institution		Institution		
Title		Title		
Division		Division		
Dept		Dept		
Address		Address		
Tel:	Fax:	Tel:	F	=ax:
E-mail		E-mail		·
Role		Role		
Name		Name		
Institution		Institution		
Title		Title		
Division		Division		
Dept		Dept		
Address		Address		
Tel:	Fax:	Tel:	F	-ax:
E-mail		E-mail		
Role		Role		
Name		Name		
Institution		Institution		
Title		Title		
Division		Division		
Dept		Dept		
Address		Address		
Tel:	Fax:	Tel:	l F	=ax:
E-mail		E-mail		

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT (Title and the second secon	
TITLE OF PROJECT (Titles exceeding 81 characters, including spaces and punc	tuation, will be truncated.)
This General Audience Summary will become public information; t	herefore, do not include
proprietary/confidential information.	

SCIENTIFIC ABSTRACT

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT (Titles exceeding 81 characters, including spaces and pu	unctuation will be truncated)
THEE OF TROOPER (Miles exceeding of characters, molutaing spaces and per	motidation, will be transacted.)
This Scientific Abstract will become public information; therefore	e, do not include
proprietary/confidential information.	

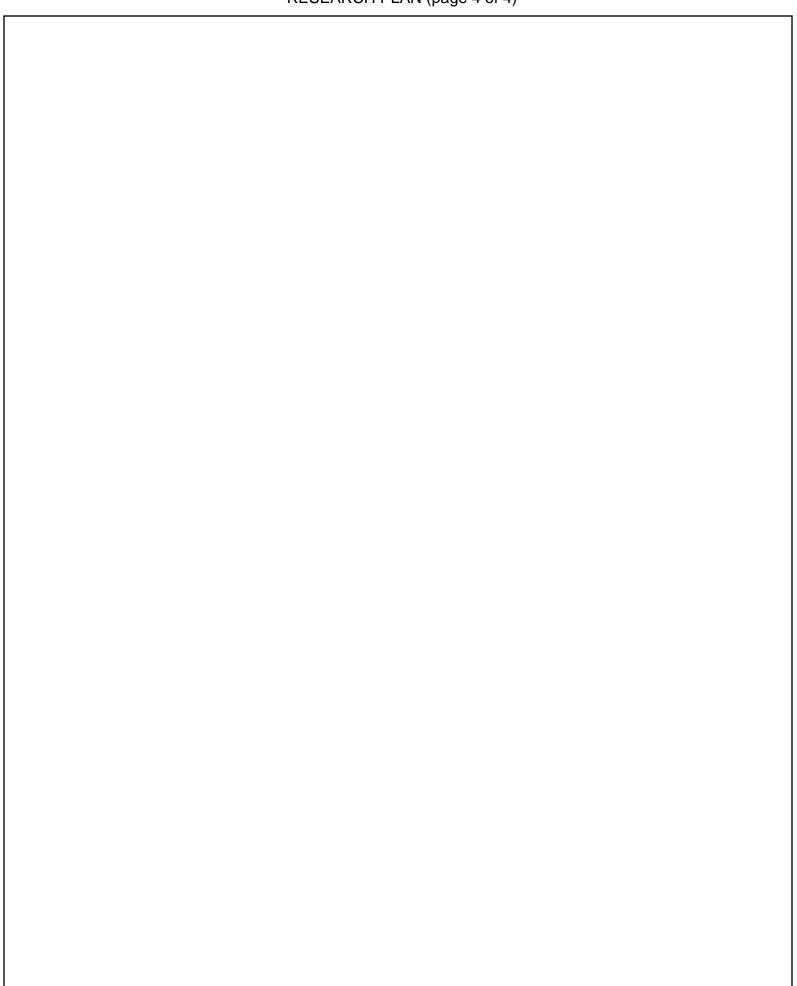
American Neuromuscular Foundation	Applicant Name:
Neuromuscular Research Grant	Title of Project:
Research Proposal	Data Cultimittadi
	Date Submitted:

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

RESEARCH PLAN (page 2 of 4)

RESEARCH PLAN (page 3 of 4)

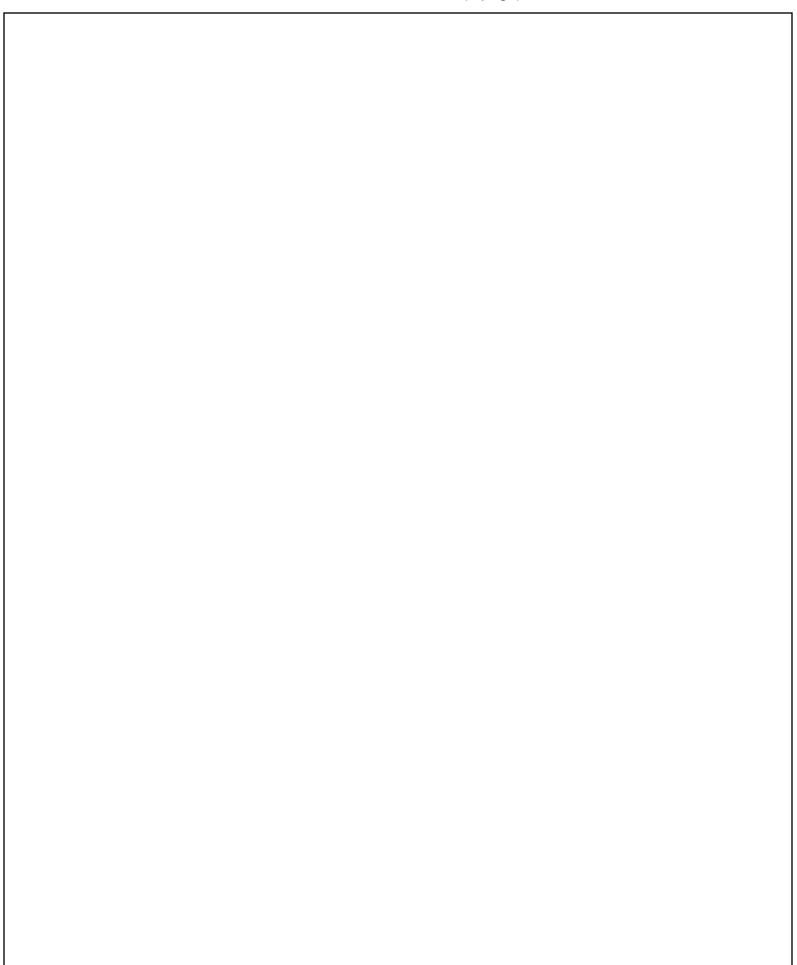
RESEARCH PLAN (page 4 of 4)



BUDGET (1 page)

BUDGET JUSTIFICATION (1 page)

FACILITIES AVAILABLE (1 page)



REFERENECES CITED IN PROPOSAL (1 page)