

|   |      |   |            |
|---|------|---|------------|
| <b>American Neuromuscular Foundation<br/>Development Grant Application</b>  |      | 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<br><br>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 <a href="https://www.neuromuscularfoundation.org/Research/Funding-Opportunities/Development-Grants">https://www.neuromuscularfoundation.org/Research/Funding-Opportunities/Development-Grants</a>)</i>  |      |   |            |
|   |      |   |            |
|   |      |   |            |
|   |      |   |            |
| DATES OF PROPOSED PROJECT <i>(MM/DD/YYYY)</i>   |      | PROPOSED BUDGET   |            |
| From  |      | Through   |            |
| Name  |      | SIGNING OFFICIAL FOR  |            |
| Address   |      | Name  |            |
|   |      | Title   |            |
|   |      | Address   |            |
| Tel:  |      | Tel:  |            |
| Fax:  |      | Fax:  |            |
| EIN   |      | E-MAIL ADDRESS  |            |
| DUNS  |      |   |            |
| HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes   |      | VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> 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<br><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<br><i>(In ink. "Per" signature not acceptable.)</i>   | DATE       |
| ADDITIONAL SIGNATURE (follow guidelines for required signatures):<br>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:        |  | Tel:        |  |
| Fax:        |  | Fax:        |  |
| E-mail      |  | E-mail      |  |
| Role        |  | Role        |  |
| Name        |  | Name        |  |
| Institution |  | Institution |  |
| Title       |  | Title       |  |
| Division    |  | Division    |  |
| Dept        |  | Dept        |  |
| Address     |  | Address     |  |
| Tel:        |  | Tel:        |  |
| Fax:        |  | Fax:        |  |
| E-mail      |  | E-mail      |  |
| Role        |  | Role        |  |
| Name        |  | Name        |  |
| Institution |  | Institution |  |
| Title       |  | Title       |  |
| Division    |  | Division    |  |
| Dept        |  | Dept        |  |
| Address     |  | Address     |  |
| Tel:        |  | Tel:        |  |
| Fax:        |  | Fax:        |  |
| E-mail      |  | E-mail      |  |
| Role        |  | Role        |  |
| Name        |  | Name        |  |
| Institution |  | Institution |  |
| Title       |  | Title       |  |
| Division    |  | Division    |  |
| Dept        |  | Dept        |  |
| Address     |  | Address     |  |
| Tel:        |  | Tel:        |  |
| Fax:        |  | 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> |                |

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