

**Hemophilia Clinical Scientist Development Grant Application
2010
Hemophilia of Georgia, Inc.**

General Instructions: Type the name of the Principal Investigator (Applicant) at the top of each page. Number each page at the bottom. If a cover letter is included, do not staple it to the application. Applications must be received at the Hemophilia of Georgia office by 5:00 PM Eastern time on May 21, 2010.

Title of Research Project: _____

Principal Investigator

Name and Degree: _____

Title and Position: _____

Mailing Address: _____

Telephone Number: _____ Social Security Number: _____

Fax Number: _____ E-mail Address: _____

U.S. Citizen: Yes No

If not a U.S. citizen, do you have a permanent resident status? Yes No Pending

Sponsoring Institution

Name: _____

Address: _____

Official Authorized to Commit Sponsoring Institution:

Name and Title: _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

P.I. Applicant _____

Payee As It Should Appear On All Checks:

Institutional Official To Whom Checks Should Be Mailed:

Name and Title: _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Financial Officer Responsible For Financial Accounting Of This Award:

Name and Title: _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Certification and Acceptance

We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge and agree to conform to Hemophilia of Georgia's policies and rules governing this award.

Signature of Principal Investigator

Date

Signature of Official Authorized to Sign for
Applicant Organization

Date

P.I. Applicant _____

Biographical Sketch

Education (begin with baccalaureate or other initial professional education)

<u>Name and location of College or University</u>	<u>Degree received (if applicable)</u>	<u>Years attended</u>	<u>Field of study</u>
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Research and Professional Experience

Concluding with your present position, list, in chronological order, previous employment, experience, and honors.

P.I. Applicant _____

Publications

List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. Do not exceed two pages.

P.I. Applicant _____

Biographical Sketch (continued)

What percent of your time are you currently engaged in research?

Describe your non-research work-related responsibilities.

What are your short and long term career plans? How would this award help you meet your goals?

What do you consider to have been your most important research accomplishment thus far in your career?

Abstract of Research Plan

Do not exceed 200 words. Use a 12-point size font.

Non-technical (lay) description of the proposed research

Provide a brief summary of the objectives, aims, and methods of this project in non-scientific terms. Do not exceed 200 words. The significance of the proposed research to hemophilia should be described so that a non-health professional can *easily* understand what you intend to do and why.

Research Proposal

This section, except for reference pages, should not exceed 10 single spaced typewritten pages using a 12-point font size. Organize your proposal using the following section headings:

Specific Aims

Background and Significance

Research Design and Methods

Facilities Available and Collaborators

Selected References

P.I. Applicant _____

Other financial support

List all other institutional, federal, and non-federal support received or pending using the format given in the NIH Form GG "Other Support".

P.I. Applicant _____

Budget for Year 1

Amount

Salary and fringe for Principal Investigator

Salary and fringe for Technical Personnel

(no non-technical positions such as secretarial will be funded), list by position title

Equipment (itemize)

Supplies (itemize by category)

Travel (not to exceed \$1,000)

Other Expenses (itemize by category)

Indirect costs (not to exceed \$7,500)

Total:

Budget Justification

Please write a justification for each item in the budget. The following items are not allowed: secretarial or administrative salaries; tuition; books and periodicals; membership dues; office and laboratory furniture; office equipment and supplies including computers; construction, renovation, or maintenance of buildings or laboratories; and expenditures made prior to the start of the grant.

Attachments

Letter from Institutional Chairperson

Attach a letter from the chairperson of your department that includes:

- a description of your institution's commitment to your career development;
- an assurance of adequate space and other facilities for conducting the proposed research;
- an outline for a plan for allocating your responsibilities so that at least 80% of your time is spent on hemophilia-related research.

Letters of Recommendation

Attach three letters of recommendation describing your scientific abilities and potential.

Do not send sealed letters.