

RAYMOND B. BAUER, MD RESEARCH AWARD APPLICATION

Name, title and address of official to whom grant funds should be sent:

Name: _____

Title: _____

Address: _____

Signature: _____

Name, title of official authorizing the proposal:

Name: _____

Title: _____

Signature: _____

1. List all current sources of research support using a format similar to the “*NIH PHS 398 other support pages*”. This should include project titles, periods of support and amount for each period. Do not include amounts for overhead or indirect costs.

2. List all sources of pending support, including support for other projects. Indicate amount, source and status of pending application(s). Applications made to other sponsors will not prejudice the application. In the event that funding for this proposal is secured from another source, The Foundation must be notified at once.

3. Include the following pledge:
I pledge that current support does not cover the research for which support is sought in the application.

Signature: _____

4. **SUMMARY OF THE PROPOSED RESEARCH** (In 400 words or less. Use page 3 only)

5. BUDGET

	<u>Requested From Foundation</u>	<u>Supported by Institution</u>	<u>Supported by Other Sources</u>
Year 1			
Salaries:*			
New Equipment:			
Supplies:			
Travel:			
Other Expenses:			
Year 1 Total:			
Year 2			
Salaries:*			
New Equipment:			
Supplies:			
Travel:			
Other Expenses:			
Year 2 Total:			
Grand Total:			

*(List all project participants for whom salary support is requested. Do not include indirect or overhead costs)

Indicate if you are applying for a one- or two-year grant:

One-year _____

Two-year: ____

6. BUDGET DETAIL AND JUSTIFICATION

7. LEVEL OF EFFORT

Year 1:

Year 2:

8. Indicate in priority the field or fields (no more than three) to which your proposal is most closely related. Please be as specific as possible to ensure that your application is reviewed by someone in your specialty.