

The Leslie Munzer Neurological Institute
Of Long Island
AVM Research Grant Application
Deadline: August 14 2008

PROJECT TITLE:

APPLICANT INFORMATION:

Name: Birth date: Gender:

Business Street Address:

City: State: Zip:

Telephone: Fax:

Email: Social Security Number:

Current status(*choose one*) Medical Student Resident Yr. ____ Fellow

Instructor Assistant Professor Professor:

Citizenship status (*choose one*) US Citizen Non-US Citizen

If a non-US citizen, state visa status

Are human experiments involved in this project?

Are copies of the institutional review board approval attached to the application?

If no, give the date of anticipated approval at which time copies will be forwarded?

Are animal experiments involved in this project?

Are copies of the institution's animal care and use committee approval attached to this application?

APPLICANT INSTITUTION

Name: _____ Degree(s): _____

Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

MENTOR

Name: _____ Degree(s): _____

Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

In the event an award is made, indicate where payment should be sent (institutional authority address):

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SIGNATURES

By signing below, I hereby attest that information contained in this application is accurate and true. I further agree that if selected to be the recipient of the grant that any publications or lectures that derive from related research openly mentions funding from the LMNI. I agree to provide a brief written summary of the findings (no later than 15 months from the grant award) to be published at the discretion of the board of directors of LMNI in either online form or in hardcopy publication and to deliver at least one lecture on this work at the annual LMNI research symposium (no later than 15 months from grant award, travel expenses paid for by LMNI).

Signature of applicant _____ Date _____

Signature of mentor _____ Date _____
(if applicable)

Signature of financial officer _____ Date _____
(of the applicant institution)

Name:

ABSTRACT OF PROPOSED RESEARCH

Briefly describe the research project technical approach and anticipated results. Describe how this project will potentially advance the field of AVM research and/or translate to directly benefit those affected by AVM's. *Abstract should not exceed half-page, single spaced.*

DESCRIPTION OF PROJECT IN LAY TERMS Please include 1) specific aims of project, 2) background, 3) methods, 4) significance 5) appendices (This summary will be submitted to the Board of Directors for final decision and award approval. The summary should also include an explanation of all technical language in lay terms. You may use a separate page if necessary.) *Description should not exceed 3 pages, single spaced. Appendices should not exceed 5 pages.*

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES**

NAME

POSITION TITLE

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, and include postdoctoral training. A separate CV may be enclosed.*)

INSTITUTION AND LOCATION

DEGREE

YEAR

FIELD OF STUDY

A. Position and Honors. List in chronological order previous positions, concluding with your present position. List any honors.

B. Selected peer-reviewed publications (in chronological order) Do not include publications submitted or in preparation. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference. Attach separate additional pages as needed.

C. Research Support List selected ongoing or completed (during the last three years) research projects. Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project.

DETAILED BUDGET

Briefly list the budgetary allocation for the project by responding to the items below.

EQUIPMENT *(Itemize and justify)*

SUPPLIES *(itemize by category and justify)*

TRAVEL *(Itemize and justify)*

OTHER EXPENSES *(Itemize by category and justify)*

TOTAL REQUESTED FUNDS (NOT TO EXCEED \$25,000):
