



**AVM Research Grant Application**  
**Deadline: February 26, 2010**

**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

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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**

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Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MENTOR**

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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**

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*By signing below, I hereby attest that information contained in this application is accurate and true.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of mentor \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Signature of financial officer \_\_\_\_\_ Date \_\_\_\_\_  
(of the applicant institution)

Name:

**ABSTRACT OF PROPOSED RESEARCH**

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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 limit.*

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**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 limit. 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**

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|      |                |
|------|----------------|
| NAME | POSITION TITLE |
|------|----------------|

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EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, and include postdoctoral training*)

|                          |        |      |                |
|--------------------------|--------|------|----------------|
| 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.

**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.

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## DETAILED BUDGET

## BUDGET PERIOD

| PERSONNEL (Applicant organization only) |                        | Months devoted to project |             |            | Dollar amount requested |                    |        |
|---|------------------------|---------------------------|-------------|------------|-------------------------|--------------------|--------|
| NAME                                    | ROLE ON PROJECT        | Cal<br>MOS                | Acad<br>MOS | Sum<br>MOS | Salary<br>Requested     | Fringe<br>Benefits | Totals |
|   | Principal Investigator |                           |             |            |                         |                    |        |

(EXPLAIN PERSONNEL RESPONSIBILITIES)

## SUBTOTALS

CONSULTANT COSTS

EQUIPMENT (Itemize and justify)

SUPPLIES (*itemize by category and justify*)

TRAVEL (*Itemize and justify*)

ALTERATIONS AND RENOVATIONS (*itemize by category*)

OTHER EXPENSES (*Itemize by category and justify*)

**TOTAL DIRECT COSTS FOR BUDGET PERIOD**

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