



EDUCATION. SUPPORT. RESEARCH.

1500-8A Route 112, Port Jefferson Station, NY 11776-8053
Tel. 516-442-3527 Fax 516-665-3530 E-Mail info@lmni.org www.lmni.org

\$30,000 Brain AVM Research Grant Application

Application Opening Date: June 30, 2011
Application Closing Date: November 30, 2011

I. APPLICANT INFORMATION:

First Name: Middle Name: Last Name: Suffix (i.e., M.D., Ph.D.):

Business Title:

Department Name:

Institution Name:

Business Street Address:

City:

State:

Zip+4:

Business Telephone:

Business Fax:

Cell Phone:

Business Email:

Social Security Number:

Birth Date:

Gender:

Current Professional Status (*select one*):

Medical Student

Resident Yr. _____

Fellow

Instructor

Assistant Professor

Professor

Citizenship Status (*select one*):

US Citizen

Non-US Citizen

If you are a non-US citizen, please state your visa status:

II. APPLICANT INSTITUTION INFORMATION:

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

Contact Name: Business Title:
Department Name: Institution Name:
Business Street Address:
City: State: Zip+4:
Business Telephone: Business Fax: Business Email:

III. MENTOR INFORMATION:

Mentor Name: Degree(s):
Business Title:
Department Name: Institution Name:
Business Street Address:
City: State: Zip+4:
Business Telephone: Business Fax: Business E-Mail:

IV. BIOGRAPHICAL SKETCH:

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

First Name: Middle Name: Last Name: Suffix (i.e., M.D., Ph.D.):
Business Title:

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

INSTITUTION & 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.

V. PROJECT TITLE:

How did you learn about this grant?

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?

VI. 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 affect by AVM’s. *Abstract should not exceed half-page, single spaced limit.*

VII. DESCRIPTON OF PROJECT IN LAY TERMS:

Please include:

- 1) Specific aims of the project
- 2) Background
- 3) Methods
- 4) Significance
- 5) Appendices

This summary will be submitted to the Brain AVM Grant Award Committee and the Leslie Munzer Neurological Institute’s 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.*

VIII. DETAILED BUDGET:

Budget Period

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

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

IX. SIGNATURES:

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

Signature of applicant _____ Date _____

Signature of mentor (if applicable) _____ Date _____

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