

**Ramsay Award Program**

**Grant Application – 2019 Cycle**

1. **COVER PAGES**

|  |  |  |
| --- | --- | --- |
| TITLE OF PROJECT:  Click or tap here to enter text. | | |
| APPLICANT NAME:  Click or tap here to enter text. | HIGHEST DEGREE(S):  Click or tap here to enter text. | |
| POSITION TITLE: Click or tap here to enter text. | APPLICANT’S INSTITUTION:  Click or tap here to enter text.  MAILING ADDRESS *(Street, city, state, postal code, country)*:  Click or tap here to enter text. | |
| ACADEMIC RANK: Click or tap here to enter text. |
| DIVISION: Click or tap here to enter text. |
| DEPARTMENT: Click or tap here to enter text. |
| EMAIL ADDRESS:  Click or tap here to enter text.  TELEPHONE:  Click or tap here to enter text. |
| DATES OF PROPOSED PROJECT: PROPOSED BUDGET:  *From*: Click or tap here to enter text.Click or tap here to enter text.  *Through*: Click or tap here to enter text. | | |
| HUMAN SUBJECTS  Yes  No  Human subjects assurance # Click or tap here to enter text.  IRB Status: Click or tap here to enter text.  IRB Date: Click or tap here to enter text. | VERTEBRATE ANIMALS  Yes  No  Animal welfare assurance # Click or tap here to enter text.  IACUC Status: Click or tap here to enter text.  IACUC Date: Click or tap here to enter text. | |
| APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. | SIGNATURE OF APPLICANT  *(In ink. “Per” signature not acceptable.)* | DATE |
| SIGNING OFFICIAL ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the grantor’s terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | SIGNATURE OF SIGNING OFFICIAL  *(In ink. “Per” signature not acceptable.)* | DATE |

**APPLICATION CONTACTS**

*Please list co-Investigators and other key personnel:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Role |  | | | Role | \*Send checks to attention of: | | |
| Name |  | | | Name |  | | |
| Institution |  | | | Institution |  | | |
| Title |  | | | Title |  | | |
| Division |  | | | Division |  | | |
| Dept |  | | | Dept |  | | |
| Address |  | | | Address |  | | |
| Tel: |  | Fax: |  | Tel: |  | Fax: |  |
| E-mail |  | | | E-mail |  | | |
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| E-mail |  | | | E-mail |  | | |

**GENERAL AUDIENCE SUMMARY**

|  |  |
| --- | --- |
| APPLICANT NAME  Click or tap here to enter text. | DATE SUBMITTED  Click or tap here to enter text. |
| TITLE OF PROJECT  Click or tap here to enter text. | |

*This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.*

>>> *Insert general audience summary here. (1 page)*

***NOTE****: To faciliate the double-blinded peer-review process, please do not include the actual names of investigators, research collaborators, institutions, or other identifiers in components B, C, and D of the application (technical abstract, research plan, budget and justification,); referring to them instead as, for example, “Principal Investigator”, “Co-Investigator”, “Institution”, or “University”. In the references section, do not highlight yourself or any co-applicants as authors*

1. **TECHNICAL ABSTRACT**

>>> *Insert technical abstract here. (1 page)*

1. **RESEARCH PLAN**

>>> *Insert research plan here. Include specific aims, background and significance, preliminary studies, research design and methods, and statement of ME/CFS relevance. (3 – 5 pages, excluding References)*

1. **BUDGET AND JUSTIFICATION**

>>> *Insert budget and justification here. If possible, use the suggested Budget Template linked on the application webpage to create budget. (1 – 2 pages)*

1. **FACILITIES**

>>> *Insert information on facilities here. (1 page)*

1. **NIH-STYLE BIOSKETCHES**

*Use the NIH-style form* ***“Biographical Sketch Template”*** *provided on the application webpage and attach to application*