

**Ramsay Award Program**

**Grant Application – 2019 Cycle**

1. **COVER PAGES**

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| 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 [ ]  NoHuman 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 [ ]  NoAnimal 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 |  |
| Role |  | Role |  |
| Name |  | Name |  |
| Institution |  | Institution |  |
| Title |  | Title |  |
| Division |  | Division |  |
| Dept |  | Dept |  |
| Address |  | Address |  |
| Tel: |  | Fax: |  | Tel: |  | Fax: |  |
| E-mail |  | E-mail |  |
| Role |  | Role |  |
| Name |  | Name |  |
| Institution |  | Institution |  |
| Title |  | Title |  |
| Division |  | Division |  |
| Dept |  | Dept |  |
| Address |  | Address |  |
| Tel: |  | Fax: |  | Tel: |  | Fax: |  |
| 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*