**Ramsay Award Program**

Data-only Research Grant Application

2022 Cycle

# 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.  DIVISION: Click or tap here to enter text.  DEPARTMENT: 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. |
| EMAIL ADDRESS:  Click or tap here to enter text.  TELEPHONE:  Click or tap here to enter text. |
| DATES OF PROPOSED PROJECT:  *From*: Click or tap here to enter text.  *Through*: Click or tap here to enter text. | PROPOSED BUDGET:  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. | |
| Does this research include any commercial interests or intent? Yes No  If yes, please explain the nature of the commercial interests: 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 | 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 | DATE |

# APPLICATION CONTACTS

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

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| Role |  | | | Role |  | | |
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***NOTE****: To facilitate the double-blinded peer-review process, please* ***do not include*** *the actual names of investigators, research collaborators, institutions, or other identifiers in the following components of the application; 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.*

# GENERAL AUDIENCE SUMMARY

This General Audience Summary will become public information.

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

# RESEARCH OUTLINE

Provide an outline of your proposed research. Include specific aims, background and significance, research design and methods, data required from You + ME, and a statement of ME/CFS or Long COVID relevance.

>>> *Insert research outline here. (max 2 pages)*

# BUDGET AND JUSTIFICATION

Provide a justification of your proposed budget here. If possible, use the suggested “**Budget Template**” linked on the application webpage to create your budget.

>>> *Insert budget and justification here. (max 2 pages)*

# NIH-STYLE BIOSKETCHES

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