**Ramsay Award Program**

Lab-based 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 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. |
| Does this research include any commercial interests or intent? Yes NoIf 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:*

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |
| Role |  | Role |  |
| Name |  | Name |  |
| Institution |  | Institution |  |
| Title |  | Title |  |
| Division |  | Division |  |
| Dept |  | Dept |  |
| Address |  | Address |  |
| Tel: |  | Fax: |  | Tel: |  | Fax: |  |
| E-mail |  | E-mail |  |

***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)*

# TECHNICAL ABSTRACT

Include significance, research design and methods, and a statement of ME/CFS or Long COVID relevance.

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

# RESEARCH PLAN

Provide your research plan here. Include specific aims, background and significance, preliminary studies, research design and methods, and statement of Long COVID and ME/CFS relevance.

>>> *Insert research plan here. (3 – 5 pages, excluding References)*

# PROJECT MILESTONES AND TIMELINE

List the various milestones and deliverables necessary to complete the research aims and the estimated time it will take to complete each. For each, note the corresponding aim and the responsible Investigator(s).

>>> *Insert project milestones and timeline here. (1 page)*

# 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)*

# FACILITIES

Describe the research facilities, resources and equipment available for the project that will allow successful implementation of the proposed project.

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

# NIH-STYLE BIOSKETCHES

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