



Please complete the form and mail to:

Children's Leukemia Research Association, Inc.
Research Grant Department
585 Stewart Avenue, Suite 18
Garden City, NY 11530

Research Grant Application

Title of Proposal : _____

Proposed Starting Date : _____ Proposed Duration of Project : _____

Research Grant Applicant

First Name : _____ MI : ____ Last Name : _____

Address : _____

City : _____ State : _____ Zip Code : _____

Telephone : _(_____) _____ Email : _____

(Signature required) _____ Date : _____

Principal Investigator

First Name : _____ MI : ____ Last Name : _____

List other departments, if any : _____

Type of Application New Renewal

History

Is this application based on previous work? Yes No

If yes, source of previous support : _____

Has this, or a similar application been submitted elsewhere? Yes No

If yes, to whom : _____

Disposition : _____

Signature Approvals: Director of Principal Investigator's Service

(Signature required) _____ Date : _____

Signature Approvals: Executive Director of Hospital

(Signature required) _____ Date : _____

The above signatures also certify that equipment request is justified and that similar equipment is not available for sharing within the hospital or research unit.

Human Subjects

Do you use human subjects? Yes No If yes, attach sample consent form.

Date of Human Subjects Committee Clearance : _____

Animals

Do you use animals? Yes No If yes, attach sample consent form.

Date of Clearance : _____

Attach Brief Abstract of Work to be Done

Please submit on separate sheets

Education *Begin with baccalaureate training and include post-doctoral*

Degree : _____

Year : _____

Scientific Field : _____

Honors

Major research interest: _____

Role in proposed project: _____

Research Support

Please list other research in which you are the Principal Investigator

Research	Source of Support	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Research and/or Professional Experience *Please submit on separate sheets*

- Start with current position
- List training
- List experience relevant to area of project including appropriate published works

Note: Principal Investigator please include entire biography

USE CONTINUATION SHEETS WHERE NECESSARY

Research Plan

- (1) Overall objective
- (2) Background
- (3) Rationale
- (4) Specific aims
- (5) Detailed outline & discussion of specific procedures and methodology
- (6) Significance
- (7) Use of facilities - facilities available
- (8) Collaborative arrangements with other departments in hospital

(e.g., Pathology, Computer Facility, etc.) or as an affiliate

Evidence to assure reviewers that corresponding Director(s) of site(s) involved agree to collaborate

USE CONTINUATION SHEETS WHERE NECESSARY

Comprehensive Progress Report (For Renewal Application Only)

Starting Date of Project : _____

Period Covered by this Report : _____

Detailed Report to Include:

- Description of progress relative to original research objectives
- List of resulting publications, if any, including abstracts as well as related oral presentations
- Short summary of results

USE CONTINUATION SHEETS WHERE NECESSARY