



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 : \_\_\_\_\_

Institution : \_\_\_\_\_

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

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## 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

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