**Bridge Grant Application Section 2: Table of Contents PI Name:**

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**Bridge Grant Application Section 3: Abbreviations PI Name:**

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**PERF-CNS Bridge Grant Application Section 4: Abstract PI Name:**

**PERF-CNS Bridge Grant Application Section 5: Specific Aims PI Name:**

**PERF-CNS Bridge Grant Application Section 6: Research Plan PI Name:**

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**PERF-CNS Bridge Grant Application Section 6: Research Plan PI Name:**

**PERF-CNS Bridge Grant Application Section 7: Mentoring Plan PI Name:**

**PERF-CNS Bridge Grant Application Section 9 PI Name:**

**OTHER SUPPORT**

Not Applicable

Title:

Major Goals:

Status of Support:

Project Number:

Name of PD/PI:

Source of Support:

Primary Place of Performance:

Project/Proposal Start and End Date: (MM/YYYY) (if available):

Total Award Amount (including Indirect Costs):

Person Months (Calendar/Academic/Summer) per budget period.

| Year (YYYY) | Person Months (##.##) |
| --- | --- |
| 1. [enter year 1] |  |
| 2. [enter year 2] |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

**PERF-CNS Bridge Grant Application Section 9 PI Name:**

**IN-KIND**

Not Applicable

Summary of In-Kind Contribution:

Status of Support:

Primary Place of Performance:

Project/Proposal Start and End Date (MM/YYYY) (if available):

Person Months (Calendar/Academic/Summer) per budget period

|  |  |
| --- | --- |
| Year (YYYY) | Person Months (##.##) |
| 1. [enter year 1] |  |
| 2. [enter year 2] |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

Estimated Dollar Value of In-Kind Information:

**Overlap** (summarized for each individual):

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with PERF® 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: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSERT SECTION 10

(Budget spreadsheet)

**PERF-CNS Bridge Grant Application Section 11: Budget Justification PI Name:**

**PERF-CNS Bridge Grant Application Section 12: Resources PI Name:**

**FACILITIES:** Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity and extent of availability to the project. Under “Other” identify support services and specify the extent to which they will be available to the project.

**Performance Site:**

Laboratory:  Not Applicable

Clinical:  Not Applicable

Animal:  Not Applicable

Computer:  Not Applicable

Office:  Not Applicable

Statistician:  Not Applicable

Mentor:  Not Applicable

Other:  Not Applicable

**MAJOR EQUIPMENT:** List the most important equipment items already available for this project noting the location and pertinent capabilities

**PERF-CNS Bridge Grant Application Section 14: References PI Name:**

**PERF-CNS Bridge Grant Application Section 15 PI Name:**

**PERFORMANCE SITES AND KEY PERSONNEL**

PERFORMANCE SITE(S)

(Organization, City, State)

|  |  |  |
| --- | --- | --- |
| Organization | City | State or Province |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

KEY PERSONNEL

Provide the required information in the format shown below.

|  |  |  |
| --- | --- | --- |
| Name | Organization | Role on Project |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PERF-CNS Bridge Grant Application Section 16: Awardee Financial Information**

In the event your grant is approved, please provide how the check should be made out, where the check should be mailed and a contact person and phone number.

|  |  |  |
| --- | --- | --- |
| Principal Investigator (PI): |  | |
| Check Made Payable To: |  | |
| Tax ID Number: |  | |
| Contact Name: | Mailing Address: | Department: |
| E-mail Address: |
| Telephone Number: |

**PERF-CNS Bridge Grant Application Section 18: Human Subjects Research Plan**

**PI Name:**

Not Applicable

**PERF-CNS Bridge Grant Application Section 19: Animal Research Plan**

**PI Name:**

Not Applicable

**PERF-CNS Bridge Grant Application Section 22 PI Name:**

**THE PEDIATRIC EPILEPSY RESEARCH FOUNDATION®**

**TERMS AND CONDITIONS OF AWARD**

**FOR POTENTIAL GRANTEE**

ACCEPTANCE FORM: The award payments will be mailed to your institution’s office of grants and contracts at the address indicated on the attached acceptance form. Please specify the name and address of the individual to whose attention the checks should be mailed. No funds can be paid until this form is completed and returned.

IRB/IACUC APPROVAL: Copies of current IRB or IACUC approval must be sent, if not submitted with the application.

CHANGE IN STATUS: It is your responsibility to notify us in writing if your status at the institution changes during your award period, or if there are any significant changes in the project as approved. Any proposed revisions in the project budget or project timeframe must be submitted to and approved by the Foundation before being implemented.

USE OF FUNDS:

**Grants**: Funds can only be used as stipulated in the application and outlined in the budget.

No indirect costs are provided.

We require a letter of support from the department chairperson guaranteeing that the PERF grant funds will not be used to cover salary expenses that the department or institution is currently funding. The PERF funds are to be used to supplement the applicant’s current funding support levels and not to replace funds that the department or institution is currently supporting. The reason for this is the PERF Board views our grants as providing an applicant the opportunity to gather preliminary data so that he/she can apply for a larger grant from which they can draw salary support etc.

MANUSCRIPTS: All manuscripts (including meeting abstracts and research papers in review) that result from this research project are to be submitted to the Foundation once they are accepted for publication. Publications should acknowledge support with the phrase: **This project was funded by the Pediatric Epilepsy Research Foundation®.**

Signed as having read and acknowledged:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Signed for Grantee Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Name