**Application Title:** Click or tap here to enter text.

**Applicant Information
Name:** Click or tap here to enter text.

**Position Title:** Click or tap here to enter text.

**Department *I* Division:** Click or tap here to enter text.

**Date completing medical school (month/year):** Click or tap here to enter text.

**Date completing pediatric neurology residency month/year):** Click or tap here to enter text.

**Applicant Contact Information**

**Address:** Click or tap here to enter text.

**Cell Phone\*:** Click or tap here to enter text.

**\***to be used only for notification of award decision

**Email:** Click or tap here to enter text.

**Applicant Organization**

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Administrative Official to be notified if grant is made
Name:** Click or tap here to enter text.

**Administrative Title:** Click or tap here to enter text. **Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

 **Child Neurology Society Membership status**

 [ ]  **Active** [ ]  **Junior** [ ]  **CNS membership application under review**

**Grant preference (Select only one)**

[ ]  **Pediatric Epilepsy Research Foundation® (PERF®)-CNS Elterman Research Grant**

[ ]  **Pediatric Epilepsy Research Foundation® (PERF®)-CNS Shields Research Grant**

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**PERF®-CNS Career Development Grant Face Page 2**

**Prior or current NIH Grant/Award:** [ ]  **No** [ ]  **Yes. If yes, list grants:** Click or tap here to enter text.

**Is there an overlap between current grant(s) and the proposed project?** [ ]  **No** [ ]  **Yes
If yes, describe overlap (in budget and/or scientific).** Click or tap here to enter text.

**Human Subjects:** [ ]  **No** [ ]  **Yes Vertebrate Animals:** [ ]  **No** [ ]  **Yes
Applicant Signature | Date**

**X**

**PERF® STATEMENT OF POTENTIAL GRANTEE**

The undersigned affirms that the responsible governing body approves the submission of this grant request dated\_\_\_\_\_\_\_\_\_\_\_\_ and is aware of an concurs with the purposes of the project set forth. Further, the undersigned agrees that if a grant is made, it will use the funds only for the purpose(s) set forth in the Grant Application provided to PERF®.

Signature Title

Institution/Organization Date

 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 with email and phone number.

|  |  |
| --- | --- |
| Tax ID# |  |
| Check Payable to |  |
| Mail Check to |  |
|  |
|  |
| Contact Name |  |
| Email Address |  |
| Phone # |  |

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**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

**DIRECT COSTS ONLY**



\*DOUBLE CLICK COLUMN TO ENTER DATA, TABLE WILL AUTO FORMULATE

Justification of Costs:

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**RESOURCES**

FACILITIES

Provide ONLY specific facilities to be used for this project. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Under "Other" identify support services such as machine shop, electronics shop and specify the extent to which they will be available to the project.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

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

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## PERFORMANCE SITES AND KEY PERSONNEL

PERFORMANCE SITE(S) (Organization, city, state)

KEY PERSONNEL

Name Organization Role on Project

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**THE PEDIATRIC EPILEPSY RESEARCH FOUNDATION®**

**TERMS AND CONDITIONS OF AWARD**

**FOR POTENTIAL GRANTEE**

***If your proposal is selected for funding, this form will require institutional signature as part of the grant agreement.***

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®.**

PERF® Terms and Conditions of Award

Signed as having read and acknowledged:

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

Principal Investigator Signature Date

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

Printed Name

Signed for Grantee Institution:

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

Signature Date

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

Printed Name

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

Title

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

Institution Name