Research Grant Application

**Amyloidosis Foundation**

*This is a Word document using Text Form Fields. Click on the boxes to type in necessary information.*

# Institution Contact Information

Institution:

 Checks or electronic transfer will be issued directly to the institution

Department:       Division:

Mailing Address:

Phone:       Fax:       E-mail:

Program Director Name:

Phone:       Fax:       E-mail:

# Grantee Information

Name:       Degree(s):

Mailing Address:

Phone:       Fax:       E-mail:

**Attach Researcher’s Curriculum Vitae to this application as PDF file.**

Any additional information such as society memberships, awards received may be listed on a separate sheet of paper, and submitted as a PDF file.

## Attach Letter from Mentor

A letter from the investigator’s mentor is required. The letter should describe the laboratory environment and guarantee space and an appropriate research environment for the investigator.

## Abstract – Technical - Briefly describe your proposed project in 100 words or less

## Abstract – Lay - Briefly describe your proposed project in 100 words or less using non-technical language.

**Research Proposal -** Not to exceed five pages, excluding references, figures and tables;

Title of Proposal:

Specific Aims

Methods, background, significance

Resources and facilities available

Previous experience, work/preliminary data

**Budget**

Submit a budget with the following items on a separate sheet, submit as a .PDF file.

Personnel

Supplies

Equipment

Other Expenses

Travel

### Financial Support

Please identify any other financial support this project is receiving:

Source:       Amount:

Source:       Amount:

Source:       Amount:

If additional space is needed provide information on separate sheet of paper, submitted as a pdf file.

### Requirement for follow-up

Follow up of all awardees is critical to program assessment.

Each awardee is required to provide a mid year and final report.

If awarded, I agree to provide follow-up documentation, to the Amyloidosis Foundation.

Signature of Awardee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_