Application For Research Grant American Respiratory Care Foundation Follow Instructions Carefully

Title of Application			
Principal Investigator/Program Director			
Name			
Last	first	middle	
Social Security Number			
Mailing Address			
Street	City	State	Zip
Position			
Department, Service, Laboratory, or Equivalent			
Telephone()			
Telephone()	Extension		
Major Subdivison			
Human Subjects, Derived Materials or Data Involved	d? □ No □ Yes		
Dates of Entire Proposed Project Period From:	Throug	gh:	
Total Direct Costs Requested Project Period \$			
Performance Sites (Organizations and addresses)			
Were any inventions conceived or reduced to practic	e during the course of the proje	ct?	es
Applicant Organization (Name, address)			
	11: (0 :: : : : : : : : : : : : : : : : :	15	
Type of Organization: □ Private Nonprofit □ Pu	blic (Specify federal, state, or ic	oca1):	
Fiscal Officer (Name, title, address, telephone number	er)		
Official Signing for Applicant Organization (Name,	title, address, telephone number	rs)	
Principal Investigator/Program Director Assurance:			
I agree to accept responsibility for		oject and to provide the	required progress
report if a grant is awarded as a re	esult of this application.		
Signature of Principal Investigator/Program		Date	
Director In ink. "Per" signature not acceptable.			
Certification and Acceptance:			
I certify that the statements herein obligation to comply with ARCF te			
	, ,	D.	J approduction.
Signature of Applicant Organization Official		Date	

In ink. "Per" signature not acceptable.

Application For Research Grant Abstract Of Research Plan

Applicant Organization	(Name, address)	
Fitle of Application		
All Personnel Engaged (On Project, Beginning with Principal In	nvestigator/Program Director
Name	Title	Department
Name	Title	Department
Name	Title	Department
Jame	Title	Department
Tame	Title	Department
Tame	Title	Department
Jame	Title	Department
lame	Title	Department
 Tame	Title	Department
iame		

description of the application when separated from

Concisely describe the application's specific aims, methodology and long-term objectives, making reference to the scientific disciplines involved and the health-relatedness of the project. The abstract should be self-contained so that it can serve as a succinct and accurate description of the application when separated from it. **Do not exceed the space provided**.

Table of Contents

Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 5a, 5b. Type the name of the Principal Investigator/Program Director at the top of each printed page and each continuation page.

	Page Numbers
Face Page, Abstract, Table of Contents.	1-3
Detailed Budget	4
Biographical Sketch-Principal Investigator/Program Director (Not to exceed two pages)	<u> </u>
Other Biographical Sketches (Not to exceed two pages for each)	
Other Support.	·····
Resources and Environment.	
Research Plan	
A. Specific Aims (Not to exceed one page)	<u> </u>
B. Significance (Not to exceed three pages)	<u> </u>
C. Preliminary Studies (Not to exceed eight pages)	
D. Methods	
E. Human Subjects, Derived Materials or Data	·····
F. Laboratory Animals	
G. Consultants	
H. Consortium Arrangements or Formalized Collaborative Agreements	
I. Literature Cited	
Appendix (Four Sets, No Page Numbering Necessary for Appendix)	
Number of publications: Number of manuscrip	ots:
Other items (list):	

Dollar Amount Requested

Personnel (Applicant Organization Only)

1 0			
D : 11 1 D 1 :			
Detailed Budget	Divoct Costs On	elv From:	Through:
Detailed Dudget	Direct Costs On	tty Fiulli.	I III Ougii.

Time/Effort

Name	Title	%	Hours/Wk	Salary	Benefits	Totals
Name	Principal Invest	/0	Hours/ VV K	Salal y	Deficites	Totals
	Timorpai mvest					
			Subtotals			
Consultant Costs (See Instru	actions)					
Equipment (Must be itemiz	zed)					
Supplies (Itemize by catego	ry/cost)					
Supplies (fichilize by categor	ry/cost)					
Travel						
Control to Third Doute	74-(9:					
Contractual or Third Party C	Costs (See instructions)					
Other Expenses (Itemize by category/cost)						
Total Direct Costs (Also ent	er on total direct costs	reau	ested for proje	ect)		\$
Tomi Direct Costs (Miso Cill	er on total affect costs	requi	osica for proje			Ψ

Name	Title	Birthdate	(mo/day/yr)
Education (Begin with baccalaurea	te training and include pos	stdoctoral)	
Institution and Location	Degree	Year Conferred	Field of Study
Does the investigator have any pote If "Yes," individual(s) must submit for managing this conflict.			ils of the approved p
Will investigator have equity intere in any business entity, or do/will ag salary, etc.) exceed \$10,000?			
salary, etc.) exceed \$10,000?			

Biographical Sketch

Research and/or Professional Experience:

managing this conflict.

Principal Investigator/Program Director

Concluding with present position, list in chronological order previous employment, experience, and honors. List in chronological order, the titles and complete references to recent representative publications, especially those most pertinent to this application. *Do not exceed two pages*.

If "Yes," individual must submit a Conflict of Interest Disclosure Form providing details of the approved plan for

Princinal	Investigator/Program	Director
I I III CIPUI	111 / 656164601/110614111	DIICCOI

Other Support

Use continuation pages if necessary

For each of the professionals names on page two, list in three separate groups: (1) active support, (2) applications pending review and/or funding, (3) applications planned or being prepared for submission. Include all federal, nonfederal, and institutional grant and contract support. If none, state "none". For each item give the source of support, identifying number, project title, name of principal investigator/program director, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent grant and the subproject and give the annual direct costs for each.) Briefly describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, justify and delineate the nature and extent of the scientific and budgetary overlaps or boundaries.

Principal Investigator/Program Director:

1. Active Support:

Princinal	Investigator/Program	Director
I I III CIPUI	111 / 656164601/110614111	DIICCOI

Resources and Environment

Use continuation pages if necessary

Facilities:

Mark the facilities to be used and briefly indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Use "other" to describe facilities at other performance sites listed in Item 9, page 1, and at sites for field studies. Using continuation pages, if necessary, include a description of the nature of any collaboration with other organizations and provide further information in the *research plan*.

Laboratory:		
Clinical:		
Animal:		
Computer:		
Office:		
Other ():	

Principal Investigator/Program Director	
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Resources and Environment

Continued

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List the most important items available for this project, noting the location and pertinent capabilities of each.

Additional Information:

Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop, and electronics shop, and the extent to which they will be available to the project.