ntm-logo.jpg

**GRANT APPLICATION**

Dear Applicant,

Thank you for your interest in applying for a grant from our organization.

Applications are accepted on a rolling basis for work related to pulmonary Nontuberculous Mycobacterial disease. Kindly complete and submit this application electronically (Word, rtf or pdf) to:

Susan Wisliceny, Director of Operations & Patient Relations, NTM Info & Research, susanw@ntminfo.org

You may also fax it to 305-662-8035.

**PART I – PROJECT SUMMARY**

Title of Proposed Project:

Total Funds Requested: $

***Principal Investigator***

Name:

Title:

Address:

Telephone: Fax:

Email:

Degree(s) and field of specialization:

***Sponsoring Institution***

Name:

Address:

Address where research is to be performed (if different):

Name & title of authorized responsible administrative official:

Does this project involve human subjects?

(If yes, please include pertinent IRB documentation)

Payee as it should appear on all checks:

Contact name and mailing address to whom checks should be mailed:

**PART II – PROJECT DETAILS AND DESCRIPTION**

***Proposed Start Date of Project:***

***Proposed Duration of Project:***

***Scientific Summary of Project*** (please limit to 350 words or less):

***Description of Project in Lay Terms*** (please limit to 350 words or less):

***Biographical Sketches for Each Investigator***

*Your biographical sketches for each investigator should include the following information (you may attach your CV to provide this information):*

1. Name
2. Academic and institutional titles
3. Education (year of degree, degree awarded, institution)
4. Chronological listing of professional experience and positions
5. Publications

**RESEARCH PLAN**

Documentation should not exceed eight (8) pages, not counting progress reports in renewal applications.

Please include the following items in your Research Plan:

1. **Specific Aims:** List specific objectives for the period of requested support
2. **Significance:** Background (previous or preliminary work done by you or by other investigators) and rationale for work related to this grant request
3. **Progress Report or Preliminary Data** (required for renewal applications) should include a summary of no more than two pages in length; detailed information on progress toward objectives; discussion of any outcomes or obstacles encountered; publications/manuscripts resulting from project
4. **Experimental Methods**
5. **Facilities Available to Carry Out Proposed Study**

**DETAILED BUDGET**

**Salaries:** Name, title

**Equipment:**

**Supplies:**

**Miscellaneous Expenses:**

**Total Direct Costs:**

**Total Indirect Costs:**

**Total Budgetary Request:**

**Other Sources of Support:** Include percentage of support for each source

**Justification of Budgetary Items:**

**FINAL REPORTING**

Will the information gathered during the course of this study be shared with other institutions? If yes, please list:

Will the information gathered during the course of this research be held as proprietary? If yes, please explain who will hold the findings and to what extent they may be used by NTM Info & Research, Inc.

By signing below, you agree to furnish periodic reports either every six months or at the conclusion of each funding period (whichever comes first), as well as a full final report of work and findings at the conclusion of the research.

Signed:

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

Name and Title of Applicant Date