



Jeffrey Modell Centers Network Research Grant Application

PRINCIPAL INVESTIGATOR INFORMATION

Date Submitted: _____

Name of Physician: _____

Institution: _____

Address: _____

Telephone: _____

Fax: _____

E-mail Address: _____

SPECIFIC DEFECT RESEARCH PROJECT DETAILS

Title: _____

Project Summary (Please provide a brief description of your proposed research project, highlighting the objective of the research and specific aims):

Proposed Project Period
(Maximum 2 Year Duration): _____

Total Amount Requested:
(Maximum 25,000/Year): _____

Mandatory Attachments:

- 1. **Project Proposal** Yes No
- 2. **Detailed Budget** Yes No
- 3. **CV** Yes No

I certify that the statement and all of the above information are accurate and complete to the best of my knowledge. I agree to comply with the terms of the conditions of the award if issued. I am aware that any fraudulent statements or claims may be subject to penalties and immediate dismissal from the Program. I will acknowledge the Jeffrey Modell Foundation in all materials and publications that result from the Program. I agree to all of the above terms by signing this application.

Signature and Date: _____

