

National Hemophilia Foundation

CONTINUATION APPLICATION

CAREER DEVELOPMENT AWARD

LABORATORY GRANT

JGP FELLOWSHIP

NATIONAL HEMOPHILIA FOUNDATION

116 W. 32nd Street, 11th Floor

New York, NY 10001

Telephone (800) 42-HANDI or (212) 328-3741 * Fax (212) 328-3788

The National Hemophilia Foundation- Continuation Application

<p>1. Please indicate application type:</p> <p><input type="checkbox"/> Career Development Award</p> <p><input type="checkbox"/> Laboratory Grant</p> <p><input type="checkbox"/> JGP Fellowship</p>	<p>APPLICATION DATE: _____</p> <p>2. Period of support: _____</p>
<p>3. This is for a second year <input type="checkbox"/> or third year <input type="checkbox"/> of support.</p>	
<p>4. Title of the proposed project: _____</p>	
<p>5. Name of applicant: [Last, First, Middle, Degree] _____</p>	
<p>7. Applicant mailing address: _____</p> <p>Telephone: () _____</p> <p>Fax: () _____</p> <p>Email: _____</p>	<p>8. Financial Officer (name and address): _____</p> <p>Telephone: () _____</p> <p>Fax: () _____</p> <p>Email: _____</p>
<p>11a. Total amount of award requested for this period is \$ _____ from: ___/___/___ (mo/day/yr) to ___/___/___ (mo/day/yr)</p> <p>11b. Total amount of award requested for the entire project is \$ _____ from: ___/___/___ (mo/day/yr) to ___/___/___ (mo/day/yr)</p> <p>11c. Does applicant have any other planned or pending applications for other research funding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give source: _____</p> <p>11d. Has the applicant received any additional funds for the ongoing project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give source: _____</p>	
<p>12 Have there been any changes in the status of the IRB or IACUC approval for the NHF sponsored project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>13. Signature of Applicant (listed in - above): _____ date _____</p>	
<p>14. Signature of Sponsor (JGP Only): _____ date _____</p>	
<p>15. Signature of Financial Officer (listed in - above): _____ date _____</p>	

Name of Applicant: [Last, First, Middle, Degree]

A letter of continued support from the applicant's sponsor must be sent with this application (JGP Only).

Abstract

Secondary Reviewers are sent copies of your abstract. It should be carefully written and describe the scope and design of your project, including your hypothesis, aims, and summary of methods. **The abstract must be limited to this space.**

Progress report of research project. (Please do not exceed 4 pages)

Budget

Name of Applicant: [Last, First, Middle, Degree]						
Detailed Budget			From		Through	
Personnel Name	Role on Project	% effort on project	Inst. Base Salary	Salary Requested	Fringe Benefits	Totals
Subtotals:						
Consultant Costs						
Equipment						
Supplies						
Travel						
Other						
Indirect Costs						
Total Costs for Budget						

Entire Budget

Name of Applicant: [Last, First, Middle, Degree]				
Detailed Budget				
From	Through			
	Initial Budget Period	Second year	Third year (grants only)	Totals
Personnel: Salary and Fringe Benefits				
Consultant Costs				
Equipment				
Supplies				
Travel				
Other				
Indirect Costs				
Total Costs for Budget Period				

Name of applicant: [Last, First, Middle, Degree]

CONTINUATION PAGE: STAY WITHIN MARGINS INDICATED