



1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514

Research Grant (CPF office use only)

Date Submitted: _____ Application #: _____

Cleft Palate Foundation Research Grant Application

OFFICE (919) 933-9044 FAX (919) 933-9604 EMAIL info@Cleftline.org

RESEARCH GRANT CATEGORY <i>(please check – only one project per year)</i>	
Junior Investigator	Etiology of Cleft Lip/Palate & Craniofacial Anomalies
Cleft Lip/Palate & Craniofacial Anomalies	CCA – limited to clinical research only

Complete Title of Protocol: _____

Dates of Proposed Project: _____ to _____

Total Proposed Budget *(must match attached budget spreadsheet)*: _____

Principal Investigator: _____
Last Name First Name

Degrees: _____ Position Title: _____

Organization: _____

Mailing Address: _____
Street

City State Zip

Phone: _____ Alt. Phone: _____

Fax: _____ Email: _____

Human Subjects: Yes No

Vertebrate Animals: Yes No

Principal Investigator Assurance:

The undersigned agrees to accept responsibility for the scientific, technical and financial conduct of the research project, and for provision of required reports if a grant is awarded as a result of this application.

Principal Investigator Signature: _____ Date: _____

Division Chief: _____ Date: _____

Department Head/Chair: _____ Date: _____

RESEARCH SUMMARY

Concisely describe the application's specific aims, methodology and long-term objectives. Make reference to the scientific disciplines involved and the health-relatedness of the project. This abstract should serve as a succinct and accurate description of the proposed work when separated from the application. ***Do not exceed the space provided.***

RESOURCES

Specify the facilities to be used for the conduct of this proposed research project.

Laboratory:	
Clinical:	
Animal:	
Computer:	
Other:	

STATEMENT OF ROLE OF PI ON RESEARCH PROTOCOL

Please explain in detail the following:

1. The role you as the principal investigator will have in the design, execution, planning, and writing of this grant proposal and subsequent publications, including percent effort.
2. How this project will be supervised.
3. The role and percent effort each additional clinician investigator will play in this research.

These statements must be written by the clinical faculty member whose signature appears at the bottom of this page.

Signature of Principal Investigator

Date

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on the budget page (available in the research grant application forms on the CPF website). Photocopy this page or follow this format for each person. **Do not exceed two pages.**

NAME		POSITION TITLE	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(S)	FIELD OF STUDY
RESEARCH AND PROFESSIONAL EXPERIENCE <i>(Concluding with present position, list, in chronological order, previous employment, experience, grant support (including present support), and honors. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. Do not exceed two pages.)</i>			
EMPLOYMENT/EXPERIENCE:			
RESEARCH EXPERIENCE:			
GRANT SUPPORT:			
HONORS:			
PUBLICATIONS:			

Research Plan

Number the remaining pages of the application starting with page 5. **Do not exceed the designated page numbers for items 1-5 (below).** Organize items 1-4 to answer the following questions:

- What do you intend to do?
- Why is the work important?
- What has already been done?
- How are you going to do the work?

1. Background and Significance (Do not exceed 3 pages)

State the nature of the craniofacial and/or cleft lip and palate problem to be investigated. Review the most significant and relevant previous work, and describe the current status of research in this field. Document with references. Describe any preliminary work you have done that is relevant. Discuss the potential importance of the proposed work.

2. Preliminary Studies (If appropriate and applicable; do not exceed 1 page)

3. Specific Aims (Do not exceed 1 page)

Summarize the objectives of the proposed project. What is the specific research intended to accomplish? What, if any, hypotheses are to be tested?

4. Research Design and Methods (Do not exceed 10 pages)

Describe the research design and the procedures to be used to accomplish the specific aims of the project. Include information regarding data collection, analysis and interpretation procedures. If clinical studies are involved, give details of patient selection and patient care. Provide a tentative sequence or timetable for the investigation.

5. Facilities and Resources (See attached resource sheet; do not exceed 2 pages)

Describe the facilities available for the project, including laboratories, clinical resources, office space, etc. List major items of equipment available for this work.

6. References (Specify all authors, title, source, inclusive page numbers and year)

Describe the facilities available for the project, including laboratories, clinical resources, office space, etc. List major items of equipment available for this work.

7. Timeline for Completion

8. Animal and Biosafety Information (Complete Applicable Animal Care and Use Forms)

9. Appendices (List materials attached; no page numbering)

10. Human Subjects

*If you indicated 'Yes' for Item 4 on page 1, provide evidence of protocol approval by your Center's Institutional Review Board (IRB). **If this approval is not received at the CPF National Office by April 1, the application cannot be considered.***

11. Vertebrate Animals

*If you indicated 'Yes' for Item 5 on page 1, provide evidence of protocol approval by your Center's Institutional Animal Care and Use Committee (IACUC). **If this approval is not received at the CPF National Office by April 1, the application cannot be considered.***

12. Consultants/Collaborators

If the proposed project requires additional collaboration with other institutions or persons, describe the collaboration, and provide written evidence of the collaborating institution's/individual's willingness to participate.

13. Mentor Reference Letter (Junior Investigator Only)

If you are applying as a Junior Investigator please provide a reference letter from your mentor. This letter is to be submitted directly from your mentor under separate cover to CPF National Office and not with the grant application.

14. Professional Effort (See attached statement sheet)

Please explain your role you as the principal investigator will have in the design, execution, planning, and writing of this grant proposal and subsequent publications and the level of commitment as the principal investigator in the proposed project in relation to the total percentage of professional activity.

15. Budget (See attached budget sheet)

*Provide a detailed line-item budget of supplies, equipment, patient costs, or other expenses to be incurred in the proposed project. The total budget should be no more than the maximum allocation for the grant to which you are applying (see below). Indicate and give assurance of the source of any additional funds required for the successful completion of the proposed project, including letters assuring support if other funds are not forthcoming. Refer to the **Terms of the Grant** for budget restrictions.*

Grant Category	Maximum Allocation per Year
Cleft Lip/Palate & Craniofacial Anomalies Grant	\$10,000
Etiology of Cleft Lip/Palate & Craniofacial Anomalies Grant	\$10,000
Junior Investigator Grant	\$ 5,000
Children's Craniofacial Association/CPF Research Grant	\$ 5,000

Please complete and attach the Budget excel spreadsheet, which can be found on the CPF website: <http://www.cleftline.org/docs/budget.xls>