

Research Award Application

The applications shall follow the following format:

1. Date:
2. Title of proposed research:
3. Status of research proposal: New _____ Re-Application _____
- 4a. Name of Principle Investigator (PI):
Postal address:
Phone Number:
Fax Number:
E-mail Address:
- 4b. Curriculum Vitae of PI
- 5a. Name of Principle Co-Investigator (CPI):
Mailing address:
Phone Number:
Fax Number:
E-mail Address:
- 5b. Curriculum Vitae of CPI
- 6a. Name of Additional Investigator(s) (AI):
Mailing address:
Phone Number:
Fax Number:
E-mail Address:
- 6b. Curriculum Vitae of AI(s):

Each CV should include the following:

- * Academic record; begin with baccalaureate or other professional postdoctoral training
- * Research and/or professional Experience: list in chronological order - previous employment, experience, and honors.
- * Publications

7. Human and/or Animal Subjects? Yes No

If yes, has the proposal been approved by your IRB (Institutional Review Board) on the use to Human Subjects? Yes No

If yes, please supply with documentation that this study was Approved by the IRB.

If no, please give reasons:

8. Summary of proposed research (limit to 350 words)
9. Significance of this research in the advancement to understanding in the field

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- 10. Objectives of research
- 11. Hypotheses
- 12. Background Information and Project Justification - Include summary of previous work including preliminary studies (with references) and why the proposed project is unique and appropriate in the context of prior work.
- 13. Research design and methods
- 14. Facilities available: to include space and equipment available to make the study possible.
- 15. Proposed budget: total operating budget requirements _____

Include the following:

- * permanent equipment
- * statistical analysis
- * consumable equipment
- * salaries to staff
- * other direct expenses

- 16. Are other current funds available for this project? If yes, please provide the details.
- 17. Proposed place of research
- 18. Institution Release of Indirect Costs: Provide the following on separate institutional letterhead.

(Institution name) _____ is aware that ISIS does not pay institutional overhead indirect costs for this grant. I have reviewed this application and (name) _____ am in agreement that institutional overhead (Institution name) _____ indirect costs will not be deducted from this award.

Administrators Name (please type)	Signature	Date
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- 19. Signature of Principal Investigator: _____
- 20. Date: _____

Complete the entire form and submit to the ISIS office by fax or email:

biker@spinalinjection.com

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