


# BAF Research Grant Applicant Information

 Project Title:

\_\_\_\_\_

Project Type:

- Basic Science
- Early Detection
- Translational
- Imaging
- Clinical / Outcome
- SAH / SAH Complications

 Applicant Information

Name: \_\_\_\_\_ ({{ applicant.full\_name }})

Birth date: \_\_\_\_\_ (MM/DD/YYYY)

Gender: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: 

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 32 additional choices hidden ...
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Canada

Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ ((ex. 111-111-1111))

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ ({{ applicant.email }})

Current Status

- Medical Student
- Resident Yr
- Fellow
- Instructor
- Assistant Professor
- Professor
- Graduate

Citizenship Status

- US Citizen
- Non-US Citizen

If non-US citizen, state visa status

\_\_\_\_\_

Canadian Provinces

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

Canadian Municipalities

\_\_\_\_\_

 Please add your co-applicant's information below, if applicable

Co-applicant's Full Name #1

\_\_\_\_\_

Co-applicant's Email #1

\_\_\_\_\_

Co-applicant #1's Status

- Medical Student
- Resident Yr
- Fellow
- Instructor
- Assistant Professor
- Professor
- Graduate

Co-applicant #1's Institution

\_\_\_\_\_

Co-applicant's Full Name #2

\_\_\_\_\_

Co-applicant's Email #2

\_\_\_\_\_

Co-applicant #2's Status

- Medical Student
- Resident Yr
- Fellow
- Instructor
- Assistant Professor
- Professor
- Graduate


Co-applicant #2's Institution

\_\_\_\_\_


SAMPLE

## BAF Research Grant Details


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 Are human experiments involved in this project?


- Yes
- No

 You will be prompted to upload copies of the institutional review board approval in an upcoming task. Do you have these copies to upload?


- Yes
- No

 If no, give date of anticipated approval at which time copies will be forwarded:

\_\_\_\_\_ (MM/DD/YYYY)

 Are animal experiments involved in this project?

- Yes
- No

 You will be prompted to upload copies of the institution's animal care and use committee approval in an upcoming task. Do you have these copies to upload?

- Yes
- No

SAMPLE

# BAF Research Grant Institution Details

## Applicant Institution

(For BAF office purposes-all applications will be blinded when sent to the reviewers)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: 

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 32 additional choices hidden ...
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Canada

SAMPLE

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ ((ex. 111-111-1111))

Fax: \_\_\_\_\_

Canadian Provinces 

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

Canadian Municipalities \_\_\_\_\_

 In the event an award is made, indicate where payment should be sent (institutional authority address):

Same information as above?  Yes  
 No

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 32 additional choices hidden ...
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Canada

Zip: \_\_\_\_\_

SAMPLE

# BAF Research Grant Proposal Details

## Abstract of Proposed Research

Briefly describe the research project technical approach and anticipated results. Describe how this project will potentially advance the field of brain aneurysm research and/or translate to directly benefit those affected by brain aneurysms. *Abstract should not exceed half-page, single spaced limit.*

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## Description of Project in Lay Terms

This should be a succinct description of the project with specific aims. Please disclose if this project is part of a larger planned project. Justify your plan for needed funds and feasibility of the scope of work. Do not exceed 3 pages (4 pages with appendices). *You will be prompted to upload this in an upcoming task.*

## Budget

**Direct Costs Only** Start Date: 11/1/2020 End Date: 10/31/2021

Budget For Max. Amount Offered \_\_\_\_\_

## Budget Details

### Personnel #1

Name \_\_\_\_\_

Role on Project \_\_\_\_\_ ((ex. Principal Investigator))

Calendar Months Devoted to Project \_\_\_\_\_

Salary Requested \_\_\_\_\_

Fringe Benefits \_\_\_\_\_

Totals \_\_\_\_\_ ({{ SUM(P1[3],P1[4]) }})

Add Project Personnel?

### Personnel #2

Name \_\_\_\_\_

Role on Project \_\_\_\_\_ ((ex. Principal Investigator))

Calendar Months Devoted to Project \_\_\_\_\_

Salary Requested \_\_\_\_\_

Fringe Benefits \_\_\_\_\_

Totals \_\_\_\_\_ ({{ SUM(P2[3],P2[4]) }})

Add Project Personnel?

### Personnel #3

Name \_\_\_\_\_

Role on Project \_\_\_\_\_ ((ex. Principal Investigator))


Calendar Months Devoted to Project \_\_\_\_\_

Salary Requested \_\_\_\_\_

Fringe Benefits \_\_\_\_\_

Totals \_\_\_\_\_ ({{ SUM(P3[3],P3[4]) }})

Add Project Personnel?

 Personnel #4

Name \_\_\_\_\_


Role on Project \_\_\_\_\_ ((ex. Principal Investigator))

Calendar Months Devoted to Project \_\_\_\_\_


Salary Requested \_\_\_\_\_

Fringe Benefits \_\_\_\_\_

Totals \_\_\_\_\_ ({{ SUM(P4[3],P4[4]) }})

 Explain Personnel Responsibilities

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

 Subtotals

Salary Requested \_\_\_\_\_ ({{ SUM(P1[3],P2[3],P3[3],P4[3]) }})

Fringe Benefits \_\_\_\_\_ ({{ SUM(P1[4],P2[4],P3[4],P4[4]) }})

Totals \_\_\_\_\_ ({{ SUM(P1[3],P1[4],P2[3],P2[4],P3[3],P3[4],P4[3],P4[4]) }})

SAMPLE



	Itemize and Justify	Amount
Consultant Costs	_____	_____
Equipment	_____	_____
Supplies	_____	_____
Travel	_____	_____
Alterations and Renovations	_____	_____
Other Expenses	_____	_____

 Total Direct Costs for Budget Period: \${{ SUM(P1[3],P1[4],P2[3],P2[4],P3[3],P3[4],P4[3],P4[4],Costs[1],Costs[3],Costs[5],Costs[7],Costs[9],Costs[11]) }}