

Child Neurology Society and Foundation Awards Committee

**Procedure for All Awards and Grants**

* Submit a single electronic copy of a research proposal to the Executive Director of the CNS by **April 15, 2017**. The committee will be impressed with clarity of expression and succinctness of style and a Research Plan that can be accomplished within two years. Format: Double-spaced, Arial, 11 pt, 0.5” margins.

Prepare the proposal with the following format and page limitations:

1. Page 1 Face Page (Form Page 1)
2. Page 2 Table of Contents (Form Page 2)
3. Page 3 Abstract (Maximum 250 words)
4. Page 4 Specific aims
5. Page 5-6 Work by others
6. Page 7-9 Work by investigator
7. Page 10-13 Research plan
8. Page 14-15 References
9. Page 16-20 NIH Biosketch (List grant amounts, percent effort and overlap)

 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-032.html

* 10) Letters of Recommendation
* 1. Submit one letter of recommendation from the director of the applicant’s child neurology training program and B) one letter from his/her scientific advisor. Two additional optional letters of recommendation or support may be included.
* 2. At least one of these letters should include a statement of the applicant’s eligibility for this Award, as defined above, and document the willingness of the institution to accept the award without indirect costs. Please highlight this indirect cost statement.
* 11) Appendix: Applicants seeking the Shields or PERF grant, or those who may be eligible for these grants, should complete the following Appendix:
1. Human Subjects (Form Page 3)
2. Vertebrate animals (Form Page 4)
3. Budget and justification (Form Page 5)
4. Resources (Form Page 6)
5. Performance Sites and Key Personnel (Form Page 7)
6. NIH Biographical Sketches (not to exceed 5 pages) for any additional Key Personnel

 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-032.html

* Convert the entire proposal to a PDF format and submit on-line as directed in the announcement. Please send a copy to nigel.bamford@yale.edu.
* The complete proposal must be received on or before April 1. The abstract may also be submitted to the CNS Scientific Selection Committee for consideration as a Poster or Platform Presentation.
* Applications that do not adhere to the sanctioned procedure will be returned without review.
* The applicant will be informed of the Committee’s decision by July 1.
* The Dodge Awardee should ask a senior member of the Society to deliver a brief five-minute introduction. The Dodge awardee will then be expected to deliver a formal twenty-minute presentation to the CNS membership at the next Annual Meeting.
* All correspondence should be sent to: Roger Larson, CAE, Executive Director, Child Neurology Society 1000 West County Road E, Suite 290 St. Paul, MN 55126 (E: rblarson@childneurology society.org).
* 
* Child Neurology Society and Foundation Awards Face Page

Application Title:

Applicant Information

* Name:
* Position Title:
* Department / Division:
* Date completing medical school (month/year):
* Date completing pediatric neurology residency (month/year):
* Contact Information:

Address:

Phone:

Email:

Applicant Organization

Name:

Address:

Administrative Official to be notified if grant is made

* Name:
* Address:

Phone:

Email:

Award/Grant preference (Check only one)

* \_\_ The Philip R. Dodge Young Investigator Award
* **\_\_ The Child Neurology Shields Research Grant**
* \_\_ Pediatric Epilepsy Research Foundation (PERF) Scientific Research Grant

Prior or current NIH Grant / Award: Yes/No

* If yes, list grants:

Human Subjects: Yes/No

* If yes, Exemption No.\_\_\_ or IRB Approval Date\_\_\_
* Assurance Compliance Number:

Vertebrate Animals: Yes/No

* If yes, IACUC Approval Date\_\_\_\_
* Animal welfare assurance No.\_\_\_\_

Appendix Included: Yes/No

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Investigator (Last, first, middle):       Form Page 2

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Appendix (if included)

1. Human subjects.........................................................................................
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(Not to exceed 5 pages per investigator) ...................................................

Investigator (Last, first, middle):       (Form Page 3) Page

**HUMAN SUBJECTS**

Investigator (Last, first, middle):       (Form Page 4) Page

**VERTEBRATE ANIMALS**

Investigator (Last, first, middle):       (Form Page 5) Page

**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

**DIRECT COSTS ONLY**

|  |  |  |
| --- | --- | --- |
| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD | SECOND YEAR OF SUPPORT |
| PERSONNEL: Salary & FringeApplicant organization only |  |  |
| CONSULTANT COSTS |  |  |
| EQUIPMENT |  |  |
| SUPPLIES |  |  |
| PATIENT CARE COSTS |  |  |
|
| OTHER EXPENSES |  |  |
| SUBTOTAL DIRECT COSTS |  |  |
| CONSORTIUM CONTRACTUAL COSTS (Direct Only) |  |  |
|
| TOTAL DIRECT COSTS |  |  |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PERIOD |  |

JUSTIFICATION:

Investigator (Last, first, middle):       (Form Page 6) Page

**RESOURCES**

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity and extent of availability to the project. Under "Other" identify support services such as machine shop, electronics shop and specify the extent to which they will be available to the project.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project noting the location and pertinent capabilities of each.

Investigator (Last, first, middle):       (Form Page 7) Page

**Performance Sites AND KEY PERSONNEL**

PERFORMANCE SITE(S) (Organization, city, state)

KEY PERSONNEL. (See instructions.) Use continuation pages as needed to provide the required information in the format shown below.

Name Organization Role on Project