

Office Use Only

Project # _____

Rating # _____

RESEARCH GRANT APPLICATION: 2010

1. Title of Project	
2. Investigator Identification	
a. Name (last, first, middle, degrees)	
b. Mailing address (street, city, state, zip)	
c. Telephone (number and extension)	
d. Email address	
3. Dates of entire proposed project From:	Through:
4. Amount requested:	
5. <u>Human subjects</u> : The NAN human subjects requirement for this grant will be satisfied by ___ a successfully approved IRB application obtained from my institution or, ___ an application arranged through NAN	
6. <u>Student required research</u> . Is this grant intended to underwrite dissertation, thesis, or other required student research? ___ Yes (this is not permitted; see NAN Clinical Research Grants Program brochure) ___ No	
<p><u>Investigator</u>: I agree to accept responsibility for the scientific conduct of the project. In addition, I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with the terms and conditions of the NAN Research Grants Committee if a grant is awarded as a result of this application.</p>	
_____	_____
Signature	Date
For NAN office use only	Date received: _____
	Date sent to review: _____
Assigned Reviewers	
	1) _____
	2) _____
	3) _____
Ratings 1) _____	Date reviews received: 1) _____
2) _____	2) _____
3) _____	3) _____

Investigator:

Detailed Budget-Personnel

NAME	% TIME	SALARY	BENEFITS \$	TOTALS (Salary & Benefits)

BUDGET: Equipment and Other Costs

Description	Cost

Investigator:

BUDGET JUSTIFICATION (use continuation page if necessary): Describe the specific functions of the personnel. Explain and justify budgeted equipment, supplies, and any other miscellaneous or unusual expenses.

A. SPECIFIC AIMS (one paragraph):

Investigator:

B. BACKGROUND & SIGNIFICANCE FOR CLINICAL NEUROPSYCHOLOGY:

C. EXPERIMENTAL DESIGN AND METHODS:

Investigator:

DESIGN & METHODOLOGY (continued)

D. LITERATURE CITED:

E. BIOGRAPHICAL SKETCH

F. AFFIRMATION

I do hereby acknowledge that I have read and agree to the ethical principles of psychologists held by the American Psychological Association and that I have read and agree to related regulations regarding research with human subjects. Should I have any questions regarding interpretation of these guidelines and principles, I agree to seek consultation with a minimum of two members of the National Academy of Neuropsychology in order to clarify any such interpretations. I further agree that any necessary interpretations of these principles and guidelines will be made in a manner that most favors the protection of any participant in any research conducted under funding received from the National Academy of Neuropsychology.

Principle Investigator

Date

Co-Investigator

Date

Co-Investigator

Date

Indemnification Agreement

Successful principle investigators will be required to sign an Indemnity Agreement before a monetary award can be made. These forms are designed to insure that the NAN Foundation cannot be held financially culpable in connection with any award which is made. In the event that the investigator is associated with an institution or agency where the research will be conducted, an authorized institutional representative will also need to sign the form. This form does not need to be signed at this time, but the investigator and institution(s) (if any) must agree to the statement below in this application:

The Individual(s) and Institutions / Agency(s) listed below agree(s) to defend, indemnify, and hold harmless the National Academy of Neuropsychology Foundation from all claims, injuries, damages and costs (including court costs and attorney fees), judgments, fines, settlements, or other liability arising from all work and research conducted pursuant to a grant from the National Academy of Neuropsychology Foundation.

Please indicate agreement by listing the following:

Investigators (names and telephone):

Name	Telephone
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Institution / Agency(s) (if any)(one per institution)

First Institution (name) _____
Name-Authorized Representative _____
Title/Position: _____
Telephone: _____

Second Institution (name) _____
Name-Authorized Representative _____
Title/Position: _____
Telephone: _____

All successful applicants will need to sign a formal indemnification agreement prior to the disbursement of any funds.