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| 2012 Pediatric Research Center Pilot Program  Pilot Grant Application Face Page | |
| 1. TITLE OF PROJECT | |
| 2. TOTAL BUDGET REQUESTED | |
| 3. CENTER PILOT GRANT (check one)  Children’s Center for Cardiovascular Biology  Children’s Center for Clinical Outcomes Research & Public Health (CORPH)  Children’s Center for Cystic Fibrosis Research  Children’s Center for Developmental Lung Biology  Children’s Center for Immunology and Vaccines  Children’s Center for Pediatric Healthcare Technology Innovation  Children’s Center for Pediatric Nanomedicine  Children’s Center for Neuroscience  Children’s Center for Transplant Immunology and Immune Therapeutics | |
| 4a. NAME OF PRINCIPLE INVESTIGATOR (last, first, middle) | 4b. DEGREE(S) |
| 4c. POSITION TITLE | 4d. EMAIL ADDRESS    PHONE NUMBER |
| 4e. DEPARTMENT, SERVICE OR EQUIVALENT |
| 4f. ORGANIZATION |
| 5a. NAME OF REQUIRED FACULTY PARTICIPANT (Name of required Emory DoP faculty/CHOA Medical Staff or GA Tech faculty member, depending on center requirements; list only if requirement not satisfied in cell 4a) | 5b. DEGREE(S) |
| 5c. POSITION TITLE | 5d. EMAIL ADDRESS    PHONE NUMBER |
| 5e. DEPARTMENT, SERVICE OR EQUIVALENT |
| 5f. ORGANIZATION |
| 6. ORGANIZATIONS PARTICIPATING (check all that apply)  Emory University  Children’s Healthcare of Atlanta  Georgia Tech  Morehouse School of Medicine  Other. Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 7a. HUMAN SUBJECT RESEARCH  YES  NO  7b. IF YES:  IRB PENDING  PROJECT #:       EXPIRATION DATE: |
| 9a. VERTEBRATE ANIMALS  YES  NO  9b. IF YES:  IACUC PENDING  PROJECT #:       EXPIRATION DATE: | 8. CLINICAL TRIAL  YES  NO  8b. IF YES:  IRB PENDING  PROJECT #:       EXPIRATION DATE: |
| 10. PRIMARY APPLICANT’S DEPARTMENT INFORMATION (same person who signs Required Letter 1)  NAME:  TITLE:  EMAIL ADDRESS: | |
| 11. CHAIR, DIVISION CHIEF OR MEDICAL DIRECTOR (same person who signs Required letter 2)  NAME:  TITLE:  EMAIL ADDRESS: | |