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| 2012 Pediatric Research Center Pilot ProgramPilot 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 [ ]  NO7b. IF YES: [ ]  IRB PENDINGPROJECT #:       EXPIRATION DATE:      |
| 9a. VERTEBRATE ANIMALS [ ] YES [ ]  NO9b. IF YES: [ ]  IACUC PENDING PROJECT #:       EXPIRATION DATE:       | 8. CLINICAL TRIAL[ ] YES [ ]  NO8b. IF YES: [ ]  IRB PENDINGPROJECT #:       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:       |