



GRANT APPLICATION 2010

Lupus Foundation of Minnesota

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2626 East 82nd Street
Bloomington, MN 55425-1380
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FAX: 952.746.5155
www.lupusmn.org

**Completed applications must be received by
8:30 a.m. October 19th, 2009.**

Title of Application

Name and Title of Principal Investigator

Institution

Address of Principal Investigator

Phone Number

Email Address

Dates of proposed grant

Total funds requested

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS FOR USE OF HUMAN AND/OR ANIMAL SUBJECTS

Does the proposed research involve:

Human subjects? ___ yes ___ no

Animal subjects? ___ yes ___ no

If human or animal subjects will be used in the course of the proposed research, approval letters or forms from the appropriate oversight committees of the sponsoring institution must be appended.

FINANCIAL OFFICER responsible for grant funds, who will provide an annual expenditure report of these funds.

Financial Officer signing on behalf of the institution

Address

Phone Number

Signature

I agree to accept responsibility for the scientific conduct of the proposed research grant. Any research conducted under such a grant sponsored in whole or in part by the Lupus Foundation of Minnesota will be conducted according to the rules and restrictions of the U.S. Department of Health and Human Services. If a grant is awarded, I agree to provide required progress reports. I agree to hold the Lupus Foundation of Minnesota harmless from any claims that may arise from such research.

Signature

Date

ABSTRACT

SUMMARY IN LAY LANGUAGE

BUDGET

SALARIES*				
Name	Position	% Effort	Salary Rate	Fringe
TOTAL				

EQUIPMENT*

EXPENDABLE SUPPLIES

OTHER EXPENSES*

TOTAL DIRECT COSTS

INDIRECT COSTS (Not to exceed 5% of direct costs)

TOTAL GRANT REQUEST

* Justify items in these categories on the next page.

BUDGET JUSTIFICATION

BIOGRAPHICAL SKETCH

Name _____

Title _____

EDUCATION (Begin with Baccalaureate education and include postdoctoral training.)

Institution & Location	Degree	Year Conferred	Field of Study

RESEARCH AND PROFESSIONAL EXPERIENCE:

Concluding with present position, list chronologically employment and experience. Include honors and present membership on any Federal Government Advisory Committee. List in chronological order recent representative publications, especially those pertinent to this application. Do not exceed 2 pages (including this page).

OTHER FINANCIAL SUPPORT

Granting Organization

Title of Project

Role in Project

Dates of Grant

Annual Direct Costs

Relationship to Present Proposal

Granting Organization

Title of Project

Role in Project

Dates of Grant

Annual Direct Costs

Relationship to Present Proposal

FACILITIES AND SUPPORT SERVICES

Facilities available for proposed project:

Equipment available for proposed project:

**PREVIOUS FINANCIAL SUPPORT RECEIVED BY THE
LUPUS FOUNDATION OF MINNESOTA**

Title of Project

Role in Project

Dates of Grant

Award Amount

Relationship to Present Proposal

(Duplicate if necessary)