



# **GRANT APPLICATION 2012**

**Lupus Foundation of Minnesota**

The Atrium • Suite 135  
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Bloomington, MN 55425-1380  
952.746.5151 or 1.800.645.1131  
FAX: 952.746.5155  
[www.lupusmn.org](http://www.lupusmn.org)

**Completed applications must be received by  
8:00 a.m. November 5th, 2011.**

\_\_\_\_\_  
**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.

\_\_\_\_\_  
**P.I. Signature**

\_\_\_\_\_  
**Date**

**ABSTRACT**

**SUMMARY IN LAY LANGUAGE**

<b>BUDGET</b>
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<b>SALARIES*</b>				
Name	Position	% Effort	Salary Rate	Fringe
			<b>TOTAL</b>	

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**EQUIPMENT\***

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**EXPENDABLE SUPPLIES**

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**OTHER EXPENSES\***

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**TOTAL DIRECT COSTS**

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

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**TOTAL GRANT REQUEST**

\* Justify items in these categories on the next page.

**BUDGET JUSTIFICATION**





<b>OTHER FINANCIAL SUPPORT</b>
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**Granting Organization**

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**Title of Project**

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**Role in Project**

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**Dates of Grant**

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**Annual Direct Costs**

---

**Relationship to Present Proposal**

---

**Granting Organization**

---

**Title of Project**

---

**Role in Project**

---

**Dates of Grant**

---

**Annual Direct Costs**

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**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**

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**Title of Project**

---

**Role in Project**

---

**Dates of Grant**

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**Award Amount**

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**Relationship to Present Proposal**

**(Duplicate if necessary)**