

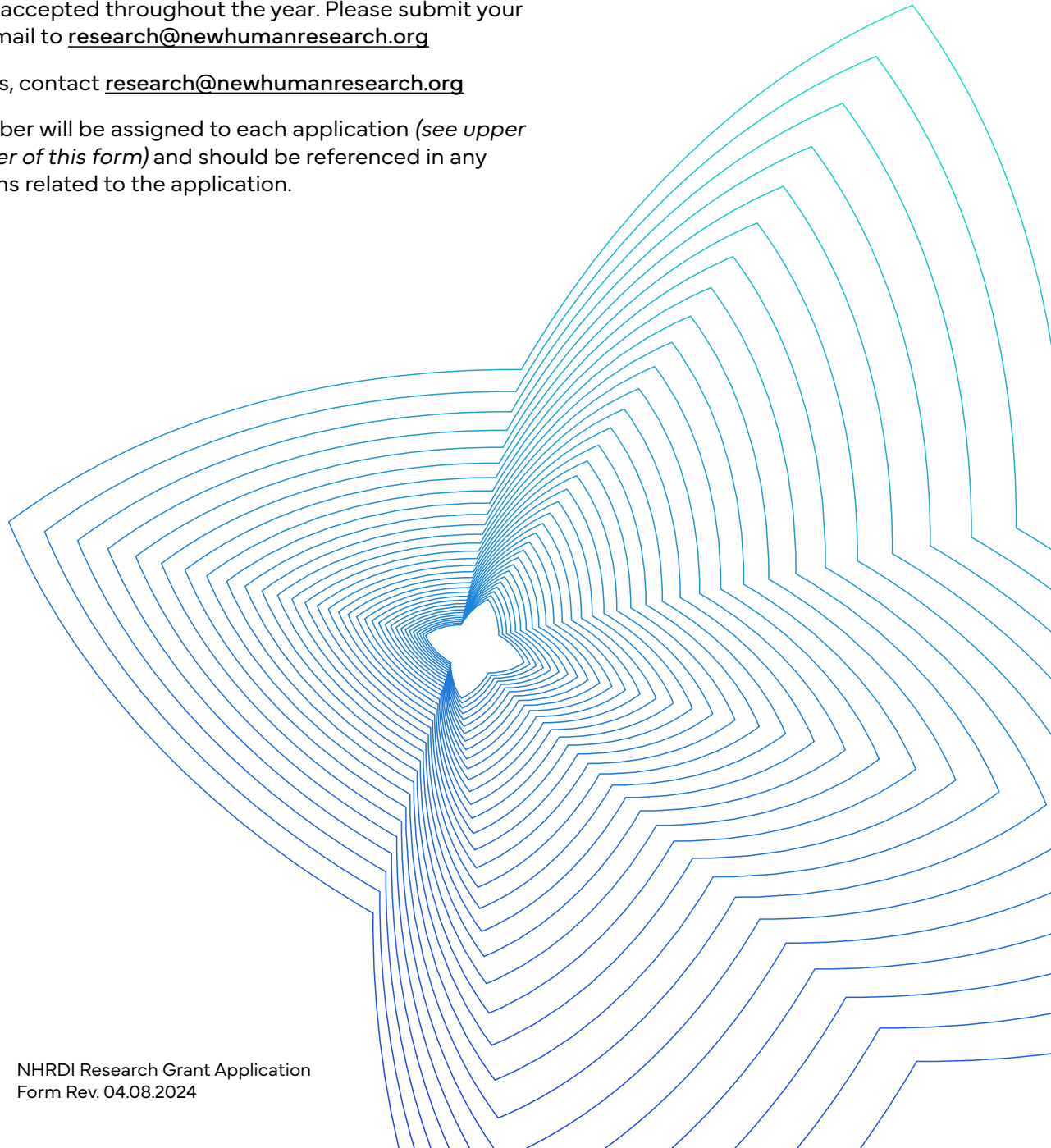
RESEARCH GRANT APPLICATION FORM

Instructions: This application form is for **Investigator-Initiated Study Research Grants**. An Investigator-Initiated Study Research Grant is support (*e.g., funding or product*) for studies initiated, developed, designed, and managed by a qualified sponsor who assumes sole responsibility for conduct and management of the study. Applications must be received at least **ninety (90) days** prior to the event occurring for consideration. Also, please note that your application must be submitted with all required documents (*see the "Required Documentation" section of this form*). **Incomplete applications and/or missing or incomplete required documents will cause delays and may result in a denial of your application.**

Applications are accepted throughout the year. Please submit your application by email to research@newhumanresearch.org

For any questions, contact research@newhumanresearch.org

A reference number will be assigned to each application (*see upper right-hand corner of this form*) and should be referenced in any future interactions related to the application.



PRIMARY INVESTIGATOR INFORMATION

Date:

To your knowledge, do any actual or potential conflicts of interest exist between the applicant and/or the requesting organization and NHRDI (e.g., are any applicants related to a NHRDI employee)?

Yes:

No:

Name of Contact/Primary Investigator:

Explain:

Organization:

Title:

Address:

Within the past 5 years, has the primary investigator been the subject of any government investigation or proceeding involving fraud or corruption (e.g., bribery, money laundering, or other corrupt practices)?

Yes:

No:

City:

Explain:

State/Province:

ZIP/Postal Code:

Country:

PARENT ORGANIZATION

Telephone Number:

Is the requesting primary investigator affiliated with a larger organization? If yes, please provide the following information:

Yes:

No:

Email Address:

Parent Organization Legal Name: City

Website:

Parent Organization Address: State

ZIP:

Country:

Parent Organization Federal Tax ID Number (for U.S. entities):

PRIOR FUNDING

Have you ever received funding from NHRDI before?

Yes:

No:

If yes, please provide the following information:

Year when funding was provided:

Research Statement *(Please provide a brief summary of your proposal, including the overall goal, target population, methods, and assessment):*

Amount of previous funding:

\$USD

STUDY PROPOSAL

GENERAL INFORMATION

Study title:

Area(s) to be studied:

Support requested:

Funding

Technical assistance only

Funding and technical assistance

REQUESTED SUPPORT AND FUNDING

Total Study Costs:

\$USD

Amount Requested:

\$USD

Purpose use of funding *(attach a detailed budget):*

Other support requested:

Help with research design

Internal Review Board

Publicity/Recruitment of Subjects

Statistical Analysis

Other. Explain:

Qualitative Analysis Software

Dissertation/Thesis Committee members

Help with writing/editing

Please share any other sources of funding *(grants, additional supporters, etc.):*

PROJECT LEAD - PRINCIPAL INVESTIGATOR (PI)

PI Full Name:	City	PI Primary Degree:
Email Address:	State/Province:	Date of Completion:
PI Current Title/Position:	ZIP/Postal Code:	Institution and Location of Primary Degree:
Country of Residence:	Is the PI a US-licensed clinician? Yes: No:	PI Specialty/Field of Study:
Address:	If yes, NPI:	

CO-INVESTIGATOR (CI)

CI Full Name:	City	CI Primary Degree:
Email Address:	State/Province:	Date of Completion:
CI Current Title/Position:	ZIP/Postal Code:	Institution and Location of Primary Degree:
Country of Residence:	Is the CI a US-licensed clinician? Yes: No:	CI Specialty/Field of Study:
Address:	If yes, NPI:	

RESEARCH SITE INFORMATION

Name/Type of Site:

Primary Site Contact:

Email Address:

City

Multi-Site Study?

Telephone Number:

Yes: No:

State/Province:

Explain

ZIP/Postal Code:

PROPOSAL DETAILS

Research Design/Methodology:

Has the study received IRB approval?

Yes: No:

Research Questions or
Hypothesis:

If so, name of IRB:

Sample Size:

Describe the rationale/relevance to advancing the human species:

Population:

Proposed Length of Study (*in
months*):

STUDY SUMMARY

Objectives / Endpoints:

Secondary Objectives / Endpoints:

Inclusion Criteria:

Exclusion Criteria:

PROTOCOL SUMMARY [Attached detailed protocol.]

Bibliography/References:

PLANNED RESULTS - PUBLICATIONS

Target date to provide results to NHRDI: Planned results notes:

Will you be publishing the results of the study

Yes: No:

If yes, please answer the following questions:

If no, please provide your reason(s) for not publishing:

Result type (*e.g., abstract, final report, manuscript, poster, etc.*):

Date of first anticipated publication:

**REQUIRED
DOCUMENTATION**

1. A one-page Cover Letter and Curriculum Vita (including a list of any other research conducted by the author).
2. List of all persons involved in and/or supporting the proposed research, including letters of support.
3. If student, letter confirming good standing.
4. W-9 Form (or comparable form if outside the U.S.)
5. Study Protocol
6. Study Budget
7. Other information or documentation deemed important by the applicant.

PAYMENT

Is the Payee address the same as the Organization address?

Yes: No:

If no, please indicate the address for forwarding financial awards (*checks*):

Or send us the documents to
research@newhumanresearch.org

