

2010 CBTF APPLICATION FACE PAGE
The Childhood Brain Tumor Foundation

20312 Watkins Meadow Drive

Germantown, MD 20876

<http://www.childhoodbraintumor.org>

E-MAIL: cbtf@childhoodbraintumor.org

301-515-2900

TITLE OF PROJECT: ¶

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PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR

NAME (Last, First, Middle): _____

POSITION TITLE: _____

DEPARTMENT, LABORATORY: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

TELEPHONE NO.: _____ FAX NO: _____

COST REQUESTED FOR BUDGET: (1, 2, or 3-- See criteria)

- 1.) UP TO \$25,000 PER YEAR MAXIMUM OF TWO YEARS INCLUSIVE OF DIRECT AND INDIRECT COSTS; or
- 2.) Juvenile Pilocytic Astrocytoma UP TO \$30,000 FOR ONE YEAR INCLUSIVE OF DIRECT AND INDIRECT COSTS;
- 3.) Diffuse Intrinsic Pontine Glioma (DIPG) UP TO \$30,000 FOR ONE YEAR INCLUSIVE OF DIRECT AND INDIRECT COSTS;

(No Indirect Costs preferred, see criteria for more information)

DATES OF PROPOSED PERIOD OF SUPPORT: September 2010 to _____
(based on selected request option)

PENDING OR ONGOING SUPPORT FOR OUTLINED PROJECT:

Circle application option: 1, 2, or 3 _____ **Amount** _____
(based on selected request option)

APPLICATION ORGANIZATION:

NAME: _____

ADDRESS: _____

TYPE OF ORGANIZATION: _____

ADMINISTRATIVE OFFICIAL (notify if award is made)

NAME/TITLE: _____

ADDRESS: _____

TELEPHONE NO.: _____

E-MAIL: _____ FAX NO.: _____

OFFICIAL SIGNING FOR APPLICANT:

NAME/TITLE:

ADDRESS: _____

TELEPHONE NO.: _____

E-MAIL: _____

PRINCIPAL INVESTIGATOR /PROGRAM DIRECTOR ASSURANCE:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded from this application.

SIGNATURE OF PI/PD: _____ DATE: _____

APPLICATION ORGANIZATION CERTIFICATION AND ACCEPTANCE:

I certify that on behalf of the applicant organization the statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with the terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, administrative penalties. I certify that I have been appointed by the governing body of the applicant organization to execute and submit this grant on behalf of said organization.

SIGNATURE OF PI/PD: _____ DATE: _____