Foundation for Angelman Syndrome Therapeutics Grant Application

FAST Foundation for Angelman Syndrome Therapeutics

Leave Blank - FAST Use Only	
Number	Date Received
Funding Authorization Number	

○ Postdoctoral Fellowship Grant

Title of the Application (Not to exceed 70 characters)

Applicant Organization

Applicant Name (Last, First, Middle)

Degree

Position Title

Mailing Address

E-mail Address

Department

Telephone

Fax

For Fellowship Applicants Only

Applicant Mentor (Last, First, Middle)

Position Title

Institution

US Co-Mentor if required (Last, First, Middle)

Position Title

Institution

Vertebrate Animals
○ Yes ○ No

Human Subjects Research
○ Yes ○ No

If "Yes", IACUC Approval Date

Animal Welfare Assurance #

If "Yes", Provide IRB Review Date

Federal Wide Assurance #

Administrative Official to be Notified if Award is Made
(Name, Title, Address, and Telephone)

Official's E-mail Address

Dates of Proposed Support
From To

Entity Identification Number

Total Costs Requested

Type of Organization

Fiscal Year End Date

Principal Investigator Assurance: I certify that these statements herein are true, complete, and accurate to the best of my knowledge. I have indicated potential overlaps in funding on the budget page. I agree to accept responsibility for the scientific conduct of the project and to provide required progress reports if a grant is awarded.

Signature of Applicant

Date

Applicant Organization Assurance: I certify that the information supplied in this application is true, complete, and accurate to the best of my knowledge. I agree that any grant received as a result of this application is subject to the grant conditions and other policies, rules and regulations issues by the Foundation for Angelman Syndrome Therapeutics.

Name of Official Signing for the Applicant Organization (Print)

Title of Official

Signature of Official

Date

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Budget

Other Support - List Current and Pending Grants for the Applicant

Facilities

Biographical Sketch - in current NIH Format, not to exceed three pages

Research Plan - Follow Formatting Instructions, not to exceed 5 pages including figures

References

Appendices

To insert PDF pages for the Biographical Sketch, Research Plan, References and any additional pages, complete the fillable form. In Acrobat, select "Print" and choose the option to print the completed form as a PDF. This will convert the fillable form to a PDF document that will allow pages to be added or deleted. The form will NO LONGER be able to be modified on the resulting PDF.

Applications must be submitted electronically to grants@CureAngelman.org. Only PDF forms will be accepted and reviewed. Any questions about the application process, or suitability of a request should be directed to science@cureangelman.org.

The Foundation for Angelman Syndrome Therapeutics
P.O.Box 608 Downers Grove, Illinois 60515-0608
Phone: 630-852-3278
Toll Free: 866-783-0078
Fax: 630-852-3270

Applicant Name (Last, First, Middle)

Abstract - State the objective and specific aims and relevance to Angelman Syndrome. Do not exceed the space on this page

Applicant Name (Last, First, Middle)

Lay Abstract - Describe the project in non-technical language understandable by a person not trained in science. This is an important part of the application and considered in funding decisions. If award is made, this text will be used in FAST publications and press releases.

Other Support - List Current and Pending Support. Indicate amount of overlap with the current application.

Facilities and Resources

Laboratory

Clinical

Animal

Computer

Office

Other

Major Equipment and Additional Information