



Foundation for Angelman Syndrome Therapeutics Grant Application

Leave Blank - FAST Use Only	
Number <input type="text"/>	Date Received <input type="text"/>
Funding Authorization Number <input type="text"/>	

Postdoctoral Fellowship Grant

Title of the Application (Not to exceed 70 characters) <input type="text"/>		Applicant Organization <input type="text"/>	
Applicant Name (Last, First, Middle) <input type="text"/>		Degree <input type="text"/>	Position Title <input type="text"/>
Mailing Address <input type="text"/>	E-mail Address <input type="text"/>	Department <input type="text"/>	
	Telephone <input type="text"/>	Fax <input type="text"/>	

For Fellowship Applicants Only		
Applicant Mentor (Last, First, Middle) <input type="text"/>	Position Title <input type="text"/>	Institution <input type="text"/>
US Co-Mentor if required (Last, First, Middle) <input type="text"/>	Position Title <input type="text"/>	Institution <input type="text"/>

Vertebrate Animals <input type="radio"/> Yes <input type="radio"/> No	Human Subjects Research <input type="radio"/> Yes <input type="radio"/> No		
If "Yes", IACUC Approval Date <input type="text"/>	Animal Welfare Assurance # <input type="text"/>	If "Yes", Provide IRB Review Date <input type="text"/>	Federal Wide Assurance # <input type="text"/>
Administrative Official to be Notified if Award is Made (Name, Title, Address, and Telephone) <input type="text"/>		Official's E-mail Address <input type="text"/>	Dates of Proposed Support From <input type="text"/> To <input type="text"/>
	Entity Identification Number <input type="text"/>	Total Costs Requested <input type="text"/>	
	Type of Organization <input type="text"/>	Fiscal Year End Date <input type="text"/>	

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 <input type="text"/>	Date <input type="text"/>
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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) <input type="text"/>	Title of Official <input type="text"/>
Signature of Official <input type="text"/>	Date <input type="text"/>

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Abstract_____	3	
Lay Abstract_____	4	
Budget _____		<input style="width: 30px; height: 20px;" type="text"/>
Other Support - List Current and Pending Grants for the Applicant_____		<input style="width: 30px; height: 20px;" type="text"/>
Facilities_____		<input style="width: 30px; height: 20px;" type="text"/>
Biographical Sketch - in current NIH Format, not to exceed three pages_____		<input style="width: 30px; height: 20px;" type="text"/>
Research Plan - Follow Formatting Instructions, not to exceed 5 pages including figures_____		<input style="width: 30px; height: 20px;" type="text"/>
References_____		<input style="width: 30px; height: 20px;" type="text"/>
Appendices_____		<input style="width: 30px; height: 20px;" type="text"/>

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

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

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