

Military Clinician-Initiated Research Award Packet

This is an interactive form; please move through the document using your Tab key.

Research Study Title (maximum 81 characters, including spaces)				
Study Dates	From: / /	To: / /		
Principal Investigator	Last Name	First Name	Rank	
Duty Title				
Work Address	Street	Base/Post/City	State	Zip
Work Phone	() -	Home Phone	() -	
FAX Number	() -	Email Address		
Mentor				
Mentor Work Address	Street	City	State	Zip
Work Phone	() -	Home Phone	() -	
FAX Number	() -	Email Address		
Associate Investigators	Name:		Name:	
	Name:		Name:	
	Name:		Name:	
Military Medical Facility Where the Research Will Be Conducted	Institution Name			
	Institution Address			

Applicant Organization	Name	
	Address	
	Entity Identification Number	
	DUNS Number	
Administrative Official to be Notified if Award Is Made	Name	
	Address	
	Telephone	
	Email	
Official Signing For Applicant Organization	Name	
	Title	
	Address	
	Telephone	
	Email	
	Signature	

Research Abstract (300 word limit)

Use this section to write your research abstract, which should:

- Succinctly and accurately describe the research you are proposing.
- Provide a complete overview of the entire research study to a reader who does not read the rest of your grant application.
- State the specific aims of the proposed study.
- Briefly describe the proposed research using the following headings: purpose, research question(s) or hypothesis(es), design, sample, and methods.

Study Title:

Abstract

Purpose:

Research question(s) or hypothesis(es):

Design:

Sample:

Methods:

Research Budget and Budget Justification

Please specify direct and indirect costs for your research. You may add more rows in each section as needed. Provide justification for each numbered budget item under "Justification" below.

Personnel/Consultant				
Item #	Personnel/Consultant	Total Number of Hours	Hourly Rate	Total
Example	Biostatistician	7 Hours	\$100.00	\$700.00
1				
2				
3				
4				
5				
Personnel Section Total				\$

Consumable Supplies					
Item #	Supplies	Costs	% Tax	Tax	Total
Example	Office supplies	\$100.00	6.50%	\$6.50	\$106.50
Example	Beck Depression Inventory Manual and 50 forms	\$160.00	6.50%	\$10.40	\$170.40
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
Consumable Supplies Section Total					\$

Equipment					
Item #	Equipment	Costs	% Tax	Tax	Total
Example	Portable cardiac monitor	\$7,000.00	10.00%	\$700.00	\$7,700.00
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
Equipment Section Total					\$

Travel (to disseminate results; maximum of two personnel at \$2,000.00 each)					
Item #	Travel	Costs	% Tax	Tax	Total
Example	Registration fee, airfare, lodging, per diem	\$2,000			\$2,000
30					
31					
Travel Section Total					\$

Other Costs					
Item #	Miscellaneous Costs	Costs	% Tax	Tax	Total
Example	Poster materials	\$75.00	6.50%	\$4.88	\$79.88
32					
33					
34					
35					
Other Costs Section Total					\$

