Retina Research Foundation (RRF)

Pilot Study Grant Application Checklist

Request for funding - Calendar Year 2015

**DUE DATE for APPLICATIONS – IN RRF OFFICE by Mon. Oct. 27, 2014**

Please complete this form & return to RRF office by e-mail in advance of/or at the time of your grant application.Direct any questions to the office at: rrf@retinaresearchfnd.org.

1. **Principal Investigator**

NAME: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PhD \_\_\_\_\_ MD \_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-mail Address: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Title of Research Project**

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1. **Location where research is conducted**

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1. **Total amount requested** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Name and mailing address of official to be NOTIFIED IF award is made**

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1. **Name and mailing address of official to receive PAYMENT IF award is made**

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**Application Checklist *(for RRF office use only)* rec’d in office (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

COVER PAGE \_\_\_\_\_ SCIENTIFIC SUMMARY \_\_\_\_\_ PURPOSE OF PROJECT \_\_\_\_\_

TYPE OF PROJECT \_\_\_\_\_ METHODOLOGY OF PROJECT \_\_\_\_\_

RESULTS PREVIOUSLY PUBLISHED \_\_\_\_\_ PROJECT BUDGET \_\_\_\_\_

SPECIAL NOTES \_\_\_\_\_ RESEARCH UTILIZATION ASPECTS \_\_\_\_\_

PROJECT PAYMENTS \_\_\_\_\_ CURRICULUM VITAE \_\_\_\_\_