ONS FOUNDATION
125 Enterprise Drive, Pittsburgh, PA 15275-1214

ONS Foundation Translation to Practice Research Grant (RE33)
Made possible by a charitable contribution from Sanofi-Aventis U.S.

Office Use Only:

Proposal No _____

Title of Project (Limit to 60 Characters)

1a. Name of Principal Investigator
(First, MI, Last,
Credentials/Title/Institution/Address)

1b. Preferred Mailing Address – [check (√) box]
Home Address ☐ Work Address ☐

1c. Home Phone ( )
Work Phone ( )

1d. FAX ( )
Email:

2. Performance Sites (Institution Name Only)

3. Research Team
(Name, Credentials, research team role)

4. Date of Proposed Project
From: ***<MM/DD/YY>***

Through: ***<MM/DD/YY>***

5. Costs Requested (U.S. Currency)
Total Costs for Project Period:
(Limited to a maximum of up to $47,000 for year-1 and $38,000 for year-2)
Year 1: $ **Year 2: $**
Maximum Budget: $

6. Human Subjects Yes☐ No☐ Pending ☐
Animal Subjects Yes☐ No☐ Pending ☐

Date Approved:
IRB Assurance Identification No.

7. Immediate Supervisor/Chairperson
(Name, Title, Address, Signature, Date)

_____
Signature **Date**

8. Institutional Official to be Notified of Award
(Name, Title, Address, Signature, Date)

_____
Signature **Date**

I, the undersigned, certify that the statements herein are true and completed to the best of my knowledge. I agree to, (1) use the granted funds as outlined in the approved budget and return excess funds to the ONS Foundation, (2) submit all progress and final expenditure and scientific reports, including requested information for posting online, (3) publish and present findings, (4) acknowledge the ONS Foundation and name of specific funding source in all reports and publications, (5) accept responsibility for the scientific and ethical conduct of the proposed activity, (6) cooperate with the ONS Foundation regarding any inquiries of scientific misconduct or reports of adverse effects and (7) participate in follow-up to track dissemination and additional funding activities.

_____
Signature of Person Identified in 1a. **Date**