

**FWGBD Annual Research Grant**

***Promoting XXcellence in Women’s Health:***

***Optimal Management of Women and Girls with Blood Disorders***

**2022 Application**

**Focus Area: Blood Disorders**—**all blood disorders**—**Affecting Women and Girls**

**CONTACT INFORMATION *– Please include contact information for the applicant and mentor:***

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| --- |
| **NAME:** |
| **ACADEMIC TITLE:** |
| **POSITION:**  |
| **MAILING ADDRESS (including City, State and Zip Code):** |
| **EMAIL ADDRESS:** |
| **MOBILE NUMBER:** |
|  |
| **MENTOR NAME:** |
| **ACADEMIC TITLE:** |
| **HOME DEPARTMENT:** |
| **LOCAL ADDRESS (including City, State and Zip Code):** |
| **E-MAIL ADDRESS:** |
| **MOBILE NUMBER:**  |

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| --- |
| **PROJECT TITLE:** |
| **SYNOPSIS OF PROPOSAL: (Use only the space provided – minimum 11-point Arial font)** |
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| **PENDING IRB APPROVAL:** |
|  |

**SIGNATURES OF APPROVAL**

I certify that the information presented in this proposal is, to the best of my knowledge, complete, accurate, and developed according to practices commonly accepted within the scientific community. In addition, I understand that I will be expected to meet regularly with my mentor, and accept and provide feedback.

*Signature of Applicant Date*

I have reviewed this application and hereby take responsibility for mentoring the applicant in the execution of the research project, should this project be funded. I recommend that this application be submitted.

*Signature of Mentor Date*

***REMINDERS***

*Once completed, this form serves as the cover for your application; elements are described in the RFA.*

Merge all documents into a single PDF and submit by 11:59 PM EDT on September 2, 2022, to:

kfunkhouser@fwgbd.org, with the subject heading “FWGBD Annual Research Award—2022 Application.”

Failure to follow these directions will result in the proposal being returned to you, without review. Do not include appendices.

**APPLICATION DEADLINE**: September 2, 2022, by 11:59 PM EDT

**Notification of Awards**: December 2, 2022