

## FWGBD Annual Research Grant Promoting XXcellence in Women's Health: Optimal Management of Women and Girls with Blood Disorders

## 2019 Application Focus Area: Blood Disorders—all blood disorders—Affecting Women and Girls

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

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:

PROJECT TITLE:

SYNOPSIS OF PROPOSAL: (Use only the space provided – minimum 11-point Arial font)

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

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

<u>REMINDERS</u>

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 April 26, 2019 to: <u>kfunkhouser@fwgbd.org</u>, with the subject heading "FWGBD Annual Research Award—2019 Application."

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

APPLICATION DEADLINE: April 26, 2019 by 11:59 PM EDT

Notification of Awards: May 31, 2019

Date

Date