



Code:

Do not write in this space.
PBA use only.

Prevent Blindness America Investigator Award Application

PLEASE TYPE

Project Title: _____

PRINCIPAL INVESTIGATOR

Name (First, Middle Initial, Last): _____

Degree(s): _____

Position: _____ Phone: _____ Citizenship: _____

Institution: _____ Department: _____

Institution Address: _____

City: _____ State: _____ Zip: _____

Principal investigator's Assurance: I agree to accept responsibility for the scientific conduct of this project and to provide the required scientific and fiscal reports, if grant is awarded.

Principal Investigator Signature: _____ **Date:** _____

DEPARTMENT HEAD

Name (First, Middle Initial, Last): _____

Position: _____ Department: _____

Institution: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Department Head Signature _____ **Date:** _____

ADMINISTRATIVE OFFICIAL

Name (First, Middle Initial, Last): _____

Position: _____ Department: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Administrative Official Signature _____ **Date:** _____

BUDGET FORM

1. Personnel (Position and Percent of Time and Effort to be devoted to project):

<u>Position</u>	<u>% Effort</u>	<u>Salary \$</u>	<u>Benefits \$</u>
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Principal Investigator:

Total – Personnel \$ _____

2. Equipment (list):

Total – Equipment \$ _____

3. Consumable Supplies (list):

Total – Consumables \$ _____

4. Other (list):

Total – Other: \$ _____

Grand Total \$ _____

PRINCIPAL INVESTIGATOR

1. **Major field of interest:** _____

2. **Last three academic or training positions** (Position, Locations and Dates):

3. **Publications** (Titles, Author, Publisher, Journal, and Dates of Four):

4. **Other support** (pending or planned) for this project (Sources, Amounts, Anticipated Dates of Notification):

Amount of support from other sources: (Personnel, Equipment, Consumable Supplies, and Other costs)?

5. **Current support for other research** (Titles, Sources, Amount and Projected Dates):

THE PROJECT

Title: _____

1. Grant Details:

Animal Studies: Yes ___ No ___ Approval Date ___ / ___ / ___ # _____

Approving Institution: _____

Human Subjects: Yes ___ No ___ Approval Date ___ / ___ / ___ # _____

Approving Institution: _____

Expected Dates of Grant Period: ___ / ___ / ___ to ___ / ___ / ___

Total Amount Requested: \$ _____

2. Acceptance of your application is contingent on providing below a brief two or three sentence description, in **non-technical** lay terms, of your project's relevance to the core mission of Prevent Blindness America – preserving sight and preventing blindness.

3. Provide a clear, concise description of the research project to include: a) objectives b) current status (if in progress); c) review of relevant work in field; d) methodology; e) clinical significance relating toward public health; and f) critical references.

(Note: Use no more than 4 additional pages, typed and single spaced.)

The deadline for all applications and supporting materials is March 1.

Please submit your Signed Letter of Recommendation along with **three** original copies of supplementary materials by March 1, 2010.

**Prevent Blindness America
Attn: Investigator Award
211 West Wacker Drive, Suite 1700
Chicago, IL 60606**