

# Research Proposal Requirements

**I. Title of Project**

**II. List of principle investigator(s). Provide CV on each investigator.**

**III. Contact information**

**IV. Introduction**

*Identify the research problem under investigation, why the research is important, and what the research hopes to accomplish.*

**V. Technical abstract of proposal (do not exceed 600 words).**

**VI. Description of research and study design.**

**VII. Non-technical summary that may be used for public information and educational purposes.**

**VIII. How does this research benefit the CAH community?**

**IX. Proof of IRB approval if research includes investigations on human subjects. If research involves laboratory animals, provide copy of the Animal Welfare Assurances filed with the Office of Protection from Research Risks of NIH.**

**X. Budget**

Total cost: \_\_\_\_\_

If multi-year, cost per year: \_\_\_\_\_

**XI. Type of support requested from CARES Foundation:**

Financial

Other; i.e. recruitment, publicity, etc.

Please describe: \_\_\_\_\_

**XII. Progress Report**

A report on the status of the project should be submitted annually.

## Progress Report Guidelines

When a grant is awarded, scientific progress and financial accounting reports are required annually (within one month of the grant award anniversary). If the duration of the study is less than one year, a mid-study report must be filed. Please include a detailed report of all information described below. In addition, list pertinent publications resulting from the research.

XII. **Project Number:** \_\_\_\_\_

XII. **Check one:**

Mid-study

Annual

XII. **Project Title:** \_\_\_\_\_

XII. **State the research design of the proposal and where on the originally proposed timeline the project currently lies.**

XII. **Explain any deviation from the original timeline; any unexpected outcomes; any preliminary findings; any publications relevant to the project that have been generated by the PI and colleagues since funding initiated.**

XII. **Provide a full accounting of the funds released to date.**

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**Return all progress and financial accounting to:**

Dina Matos  
Executive Director  
CARES Foundation  
2414 Morris Avenue, Suite 110  
Union, NJ 07083  
[dina@caresfoundation.org](mailto:dina@caresfoundation.org)

**Requests must be submitted by August 31st to be considered for the following year's funding cycle.**

Following our commitment to accurate scientific and medical terminology and our goal to support and acknowledge the needs and concerns of patients and families affected by Congenital Adrenal Hyperplasia (CAH), CARES Foundation no longer participates in any study or initiative using terminology our constituents find insensitive or controversial as it relates to reproductive development. For more information, email: [info@caresfoundation.org](mailto:info@caresfoundation.org).

# Grant Application Cover Sheet

Date of submission:				
Application is hereby made for a research grant from CARES Foundation, in the total amount of \$_____ (including 10% indirect costs on all budgetary items, except equipment.) The amount requested is for a period of (check one): <input type="checkbox"/> one year <input type="checkbox"/> two years <input type="checkbox"/> other: _____				
Title of research for which grant is sought:				
Name, title, and signature of principal investigator:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;">Name:</td></tr> <tr><td style="height: 25px;">Title:</td></tr> <tr><td style="height: 25px;">Signature:</td></tr> </table>	Name:	Title:	Signature:
Name:				
Title:				
Signature:				
Official Mailing Address of principal investigator (Department, Street, City, State, Zip Code):				
Contact numbers of principal investigator:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;">Phone:</td></tr> <tr><td style="height: 25px;">Fax:</td></tr> </table>	Phone:	Fax:	
Phone:				
Fax:				
<p><b><i>IMPORTANT:</i></b> <i>Exact name, title, phone number, and mailing address (no P.O. Box) of individuals and location where checks are to be sent if/when grant is awarded:</i></p> <p><i>Check payable to (institution name):</i></p> <p><i>Once a grant is awarded, an annual progress report is required (previous page for additional information)</i></p>				
Name, title, and signature of official authorized to sign for institution:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;">Name:</td></tr> <tr><td style="height: 25px;">Title:</td></tr> <tr><td style="height: 25px;">Signature:</td></tr> </table>	Name:	Title:	Signature:
Name:				
Title:				
Signature:				
Name and address of financial officer (department, street, city, state and zip code):				
Name, title, and signature of department head:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 25px;">Name:</td></tr> <tr><td style="height: 25px;">Title:</td></tr> <tr><td style="height: 25px;">Signature:</td></tr> </table>	Name:	Title:	Signature:
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