

THE PENNSYLVANIA LIONS HEARING RESEARCH FOUNDATION
A Nonprofit Corporation
DIRECTIONS FOR SUBMITTING A RESEARCH PROPOSAL

- A. Copies required – The original and fourteen (14) legible copies of an application, including all supporting data, must be mailed to:

Lion Paula Hoffman, 269 Tower Rd, Weatherly, PA 18255

It must be postmarked no later than January 10th. All information in this application should be on 8½ x 11 paper. Each section is identified as shown below. Failure to follow this format may invalidate your application.

- B. The application for a new or a continuing research grant should include the following:

1. Cover sheet – use PLHRF form
2. Abstract of proposed research in non-technical language, limited to no more than 150 words
3. Detailed Proposed Budget – use PLHRF form
4. Other research support for this research project – use PLHRF form
5. Statement of objectives and specific aims
6. Direct or potential clinical applications of this research
7. Methods of procedure
8. Statement of anticipated progress during requested grant year
9. Facilities available
10. Supporting data:
 - a) Previous work on this project
 - b) Results obtained by others
 - c) Other supporting data
11. Researchers vitae – use PLHRF form
12. Does this project involve human experimentations?

YES _____ NO _____

If answer is YES, a statement from the Human Experimentation Committee of your institution, approving this human experimentation, must be included with your application. If your institution has no Human Experimentation Committee, a statement must come from some other authoritative source acceptable to PLHRF.

13. Applicant institution's guidelines for its staff relating to conflict of interest

- C. If the application is for continuing grant support, include the following additional items:

14. Copy of currently approved application
15. Progress/status report on the current grant project including the following:
 - a) Abstract of progress/status report in non-technical language, limited to no more than 150 words
 - b) Progress covering work to date and present status
 - c) Anticipated progress/status at completion of the current grant period
 - d) Scientific publication or reports that have been, or are being planned, to be made on the current grant project

- NOTES:
- 1) Applications for continuing grant support should include items B. 4, 9, 10, and 11 above only if different from the information in item C. 14.
 - 2) All PLHRF forms may be duplicated.
 - 3) Do not submit this form.

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APPLICATION FOR RESEARCH GRANT

1. Title of Research _____

2. New project _____ Continuation of an existing PLHRF Grant _____

3. Total amount requested \$ _____ for grant period from July 1, 2024 to June 30, 2025

4. Name and Title of
Principal Investigator _____

Dept. and Dept. Head _____

Institution _____

Mailing Address _____

5. Name and Title of
Co-investigator (if any) _____

Dept. and Dept. Head _____

6. Percent of research time that will be devoted by:

Principal Investigator _____ Co-investigator _____

7. Name of institution to which check
should be drawn, in the event of grant _____

Name & Title of Financial Officer
to whom check should be sent _____

Address _____

AGREEMENT: It is understood and agreed by the undersigned that any funds received as a result of this application shall be used only for the purposes set forth in this application.

Authorized Signature
For Institution _____ Date _____

Typed name and Title:

Signature of
Principal Investigator _____ Date _____

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PROPOSED BUDGET

<u>PERSONNEL</u>	<u>Percent Of Time</u>	<u>Amount Requested</u>
Principal Investigator _____	_____	_____
Co-Investigator _____	_____	_____
Assistant(s) _____	_____	_____

<u>PERMANENT EQUIPMENT</u>	<u>Total Cost of Equipment</u>
_____	_____

<u>CONSUMABLE SUPPLIES</u>

<u>OTHER RELATED EXPENSES</u>

					<u>TOTAL</u>	_____
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<u>PROPOSED BUDGET</u>	<u>Personnel</u>	<u>Equipment</u>	<u>Supplies</u>	<u>Other</u>	<u>Total</u>
1 st year	_____				

ESTIMATED BUDGET – If request for continuation anticipated

2nd year _____

3rd year _____

JUSTIFICATION OF BUDGET (use additional pages if needed)

NOTE: Funds are not transferrable between categories without prior written approval. Except when specific permission is requested and granted, unused funds are to be returned to the PLHRF within three months after the termination of each grant period together with the budget report.

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ALL OTHER RESEARCH SUPPORT FOR THIS RESEARCH PROJECT

Include research support from own institution

If NIH research support, state which institute

<u>SOURCE</u>	<u>TITLE OF PROJECT</u>	<u>% OF TIME</u>	<u>AMOUNT</u>	<u>PROJECT PERIOD</u>
1)				
2)				
3)				
4)				
5)				

APPLICATIONS PENDING OR PLANNED (Give details)

It is essential that an abstract of a pending application be included with this application. Please indicate how that project differs from the one submitted to the PLHRF via this application.

If a similar or overlapping project is funded by NIH or other source, it is incumbent upon the principal investigator and the grantee institution to notify the PLHRF promptly.

1)	
2)	
3)	
4)	
5)	

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CURRICULUM VITAE

PRINCIPAL INVESTIGATOR

Name & Title _____

Place and
Date of Birth _____ Date _____

Education:

Positions Held:

Publications (include not more than five):

CO-INVESTIGATOR (if any)

Name & Title _____

Place and
Date of Birth _____ Date _____

Education:

Positions Held:

Publications (include not more than five):