

Principal Investigator/Program Director (Last, First, Middle):

Scientific Abstract: Briefly describe the proposed project in 200 words or less.

Other Key Co-Investigators. List all other key personnel in alphabetical order, last name first.

Name	Department/Organization	Role on Project
------	-------------------------	-----------------

Principal Investigator/Program Director (Last, First, Middle):

PLACE OUTCOMES RESEARCH AWARDS

TABLE OF CONTENTS

	<i>Page Numbers</i>
Face Page	1
Scientific Abstract	2
Table of Contents	3
Detailed Budget	4
Budget Justification	_____
Biographical Sketch – Principal Investigator/Program Director (<i>Not to exceed four pages</i>).....	_____
Other Biographical Sketches (Not to exceed four pages each for up to 3 key co-investigators).....	_____
Other Support	_____
Research Plan	_____
Introduction to Revised Application (<i>Not to exceed 3 pages</i>).....	_____
A. Hypothesis and Specific Aims.....	_____
B. Background and Significance.....	_____
C. Preliminary Studies/Progress Report.....	_____
D. Research Design and Methods.....	_____
E. Statement of how project will lead to direct impact on child/family health outcomes, experiences or value.....	_____
F. Project Timeline and Anticipated Deliverables.....	_____
F. Human Subjects.....	_____
Protection of Human Subjects (Required if Item 4 on the Face Page is marked “Yes”).....	_____
G. Literature Cited.....	_____
H. Consortium/Contractual Arrangements (if applicable).....	_____
I. Letter from Division Chief or Chair.....	_____
J. Letters of Support (e.g., Consultants).....	_____

Other items (list):

Principal Investigator/Program Director (Last, First, Middle):

DETAILED BUDGET FOR BUDGET PERIOD DIRECT COSTS ONLY					FROM 07/01/ 2010	THROUGH 06/30/2011	
<i>PERSONNEL (Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	<i>DOLLAR AMOUNT REQUESTED (omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
SUBTOTALS →							
CONSULTANT COSTS							
EQUIPMENT <i>(Itemize)</i>							
SUPPLIES <i>(Itemize by category)</i>							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>							
OTHER EXPENSES <i>(Itemize by category)</i>							
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD						\$	
CONSORTIUM/CONTRACTUAL COSTS				DIRECT COSTS			
				FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 10, Face Page)</i> →						\$	

Principal Investigator/Program Director (Last, First, Middle):

DETAILED BUDGET FOR BUDGET PERIOD DIRECT COSTS ONLY					FROM 07/01/2011	THROUGH 06/30/2012	
<i>PERSONNEL (Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	<i>DOLLAR AMOUNT REQUESTED (omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
SUBTOTALS →							
CONSULTANT COSTS							
EQUIPMENT <i>(Itemize)</i>							
SUPPLIES <i>(Itemize by category)</i>							
TRAVEL							
PATIENT CARE COSTS		INPATIENT					
		OUTPATIENT					
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>							
OTHER EXPENSES <i>(Itemize by category)</i>							
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD						\$	
CONSORTIUM/CONTRACTUAL COSTS				DIRECT COSTS			
				FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 10, Face Page)</i> →						\$	

Principal Investigator/Program Director (Last, First, Middle):

BUDGET JUSTIFICATION

Principal Investigator/Program Director (Last, first, middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.

- A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

- B. Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.

- C. Research Support.** List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Principal Investigator/Program Director (Last, first, middle):

OTHER SUPPORT

Provide active support for all key personnel. **Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.** Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. ***Include the principal investigator's name at the top and number consecutively with the rest of the application.*** The sample below is intended to provide guidance regarding the type and extent of information requested. Refer to the specific instructions in Section I. For information pertaining to the use of and policy for other support, see "Policy and Additional Guidance."

Format

NAME OF INDIVIDUAL

ACTIVE/PENDING

Project Number (Principal Investigator) Source Title of Project (<i>or Subproject</i>)	Dates of Approved/Proposed Project Annual Direct Costs	Percent Effort
The major goals of this project are...		

OVERLAP (*summarized for each individual*)

ACTIVE

PENDING

OVERLAP