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AA

Form Approved 2026
OMB No 0925-0001

Sharpe – Strumia Research Foundation
of the Bryn Mawr Hospital

Grant Application

LEAVE BLANK – FOR FOUNDATION USE ONLY

Grant Assignment No.

Date Received

1. TITLE OF PROJECT

2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

2a. NEW INVESTIGATOR ☐ YES ☐ NO

2b. NAME

2c. DEGREE(S)

2d.POSITION TITLE

2e. MAILING ADDRESS (*Street, city, state, zip code **AND E-MAIL**)*

2f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

2g. MAJOR SUBDIVISION

2h. TELEPHONE AND FAX (*Area code, number and extension)*
Telephone *Fax*

3. HUMAN SUBJECTS	3a. If "Yes," Exemption no. **or** IRB approval date	3b. IRB approval file number	4. VERTEBRATE ANIMALS	4a. If "Yes," IACUC approval date	4b. Animal Welfare assurance no.
☐ No ☐ Yes	{ ☐ Full IRB **or** ☐ Expedited Review		☐ No ☐ Yes		

5. DATES OF PROPOSED PERIOD OF SUPPORT (*month, day, year-MM/DD/YY)*

From | Through

6. COSTS REQUESTED FOR INITIAL BUDGET PERIOD

7. *Leave blank*

8. APPLICANT ORGANIZATION

Name

Address

9. OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name

Title

Address

Telephone
Fax
E-mail

10. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

Name

Title

Address

Telephone
Fax
E-mail

11. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE:
I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.
I UNDERSTAND THE FOUNDATION'S INTELLECTUAL PROPERTY POLICY AND AGREE TO ABIDE BY ITS TERMS.

☐ **Check Box to Agree**

SIGNATURE OF PI/PD NAMED IN 2a. (*In ink, "Per" signature not acceptable.)*

12. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE
I certify that the statements herein are true, complete, and accurate to the best of my knowledge.

SIGNATURE OF OFFICIAL NAMED IN 10. (*In ink, "Per" signature not acceptable.)*

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

DESCRIPTION: State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. DO NOT EXCEED THE SPACE PROVIDED**.**

PERFORMANCE SITE(S)

_____ City _____ State _____ Zip _____

_____ City _____ State _____ Zip _____

_____ City _____ State _____ Zip _____

_____ City _____ State _____ Zip _____

KEY PERSONNEL: *Use continuation pages as needed to provide the required information in the format shown below.*

Name _____ Organization _____ Role on Project _____

Name _____ Organization _____ Role on Project _____

Name _____ Organization _____ Role on Project _____

Name _____ Organization _____ Role on Project _____

Name Organization Role on Project

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

Type the name of the principal investigator/program director at the top of each printed page and each continuation page.

SHARPE – STRUMIA RESEARCH GRANT

TABLE OF CONTENTS

*Type density and type size of the entire application must conform to limits provided in instructions.

☐ Check if Appendix is included

Appendix (Five collated sets, no page numbering necessary for Appendix.)

Number of recent publications and manuscripts accepted or submitted for publication (not to exceed 3)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Other items (list):

DD 2026

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

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

FROM | THROUGH

PERSONNEL (Applicant organization only)		Total	Hourly	DOLLAR AMOUNT REQUESTED (omit cents)	
NAME	ROLE ON PROJECT	Hours	Rate	Salary Requested (Including Fringe Benefits)	TOTALS
			$	$	$ 0.00
			$	$	$ 0.00
			$	$	$ 0.00
			$	$	$ 0.00
			$	$	$ 0.00
			$	$	$ 0.00
SUBTOTALS →				**$ 0.00**	**$ 0.00**

CONSULTANTS COSTS (if being paid with a separate 1099)		$
	Consultant Total	**$ 0.00**
EQUIPMENT *(Itemize)*		$
		$
		$
	Equipment Total	**$ 0.00**
SUPPLIES (*Itemize by category)*		
		$
		$
		$
	Supply Total	**$ 0.00**
PATIENT CARE COSTS *(check yes or no)*	INPATIENT	$
	OUTPATIENT	$
☐ Yes ☐ No	TESTS	$
	Patient Care Total	**$ 0.00**
OTHER EXPENSES *(Itemize by category)*		
		$
		$
	Other Expense Total	**$ 0.00**
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		$ **0.00**
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD →		**$ 0.00**

Principal Investigator/Program Director (*Last, first, middle*) _____

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION	DEGREE (*if applicable*)	YEAR(s)	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

OTHER SUPPORT

Please indicate any other grant support that exists or has been applied for regarding this project. Please also list any patents applied for or awarded related to the proposed project.

CONFLICTS OF INTEREST

☐ I have no actual or potential conflict of interest in relation to this research proposal.

_____

Signature (date)

Print Name

☐ I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of this research proposal. Please provide full details on a separate sheet(s).

Affiliation/Financial Interest	Name(s) of Organization(s)
Consultant	_____
Speakers' Bureau	_____
Stock Shareholder (Refer to MLH Policy for amounts that constitute a conflict of interest.)	_____
Royalty Arrangements	_____
Licensing Arrangements	_____
Other Financial or Material Support	_____

_____

Signature (date)