



The Morton Cure Paralysis Fund

Research Grant Application

That All May Walk Again

The biannual application deadlines are April 30 and October 31. To be considered for funding, please provide the following information and send to: <mailto:info@mcpf.org>

SUMMARY

Date: _____

Title of Research: _____

Type of Request (Check one): New Application _____ Continuation _____

Funds Requested: _____

Principal Investigator:

Name: _____ Phone: _____

Institution: _____ e-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

(Please attach curriculum vitae.)

PAYMENTS, IF GRANTED

If granted, check should be made payable to: _____

Payment should be mailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

RELATIONSHIP TO MCPF PRIORITIES

How does the proposed work further the stated goals of the Morton Cure Paralysis Fund?

RESEARCH DESCRIPTION

Title of research: _____

One paragraph abstract:

Description of project(s) to be funded: (Attach 1-3 additional pages, as needed)

- a. **Aims:** Enumerate the specific aims/objectives of this research. Avoid vague generalities. What hypotheses will be tested? What products will be developed, etc.?
- b. **Background Significance:** Describe both theory and prior and current research related to your proposal. How does your research fit into the larger picture, and how is it timely? Make sure to explicitly answer the question of whether this research has been conducted before.
- c. **Methods and Experimental Design:** Describe both your (a) experimental design, and (b) laboratory methods. As appropriate to your research, this may be done either in terms of each specific aim described or may be done for the overall project ensuring in the latter case that the methods of addressing each specific aim are clearly described. Describe procedures and provide descriptions of subjects to be studied. Be sure to indicate sample sizes and, in research with humans, procedures for subject selection. Also, if relevant, address issues raised regarding assessment of recovery of function.
- d. **Timetable:** Provide a schedule for the entire project and in detail for the first year.
- e. **Facilities/Resources:** Describe the equipment and facilities available to you that will be used in this research. If MCPF funds are being requested to purchase additional equipment, place the needed equipment in the context of that presently available to you. Also describe, if appropriate, other research being done in your institution and colleagues that may provide support for your work.
- f. **References:** References are **not** included within the page limitation.
- g. **Publication:** Describe how you intend to share the findings of your research with others in the field. Please note that publications should include the name of the Morton Cure Paralysis Fund as a supporter.

ADDITIONAL INFORMATION

Are human subjects involved in this project? Yes ___ No ___

If yes, is a copy of your institution's human-subject research committee approval available for examination? Yes ___ No ___.

Are human tissues involved in this project? Yes ___ No ___.

If yes, please indicate the original source of these tissues. Live adult human ___ In-vitro fertilization clinic ___ Aborted fetus ___ Cadaver ___ Other _____.

If other, please elaborate.

Are animal subjects involved in this project? Yes ___ No ___

If yes, is a copy of your institution's animal-subject research committee approval available for examination? Yes ___ No ___.

Will others consult/collaborate on this project? Yes ___ No ___.

If yes, please describe.

FUNDS REQUESTED: \$ _____

Please give a brief description of how these funds, if granted, will be used. Grants from the Morton Cure Paralysis Fund are not subject to indirect costs and may not be used for any salary of the principal investigator unless for a postdoctoral fellowship.) Provide a budget for the uses of these funds.

OTHER SUPPORT

It is anticipated that the Morton Cure Paralysis Fund will not be the sole support for any project.

Is this research or project currently receiving funding from other sources? Yes ___ No ___. If yes, list sources and amounts.

Is support for this project currently being sought elsewhere? Yes ___ No ___. If yes, list foundation/federal agency/corporation/other and amount being requested.

ADDITIONAL INFORMATION

Please provide any additional information you would like considered by the grant committee as part of this application.

Thank you for your interest in the Morton Cure Paralysis Fund and our work.