

**THE CRANIAL ACADEMY FOUNDATION, INC.
GRANT/CONTRACT APPLICATION APPROVAL FORM**

Prior to the submission deadline, the investigator(s)/project director(s) must submit Section A, Proposal Information; Section B, Regulatory Compliance; Section C, Significant Financial Interest Disclosure & Certifications/Assurances, and sign the certification below. The investigator(s)/project director(s) must then attach a finalized copy of the research proposal to this form.

A. PROPOSAL INFORMATION

PROPOSAL TITLE: _____

PRINCIPAL INVESTIGATOR: _____

FUNDING AGENCY: _____

DIRECT COSTS
REQUESTED: \$ _____

INDIRECT COSTS
REQUESTED: \$ _____

TOTAL AMOUNT
REQUESTED: \$ _____

REQUESTED
TIME PERIOD: _____

LOCATION OF THE PROJECT: _____

B. REGULATORY COMPLIANCE REVIEW (Signatures on the applicable portion(s) of this section are required only if the project involves the use of biohazards, animals, human subjects, human tissue, and/or patient records.)

1. Are biohazards involved in the proposed project? Yes No

2. Are laboratory animals involved in the proposed project? Yes No

3. Are human subjects, human tissue or patient records involved
in the proposed project? Yes No

*If yes, complete next portion.

BIOHAZARDS

I certify that the Biohazards potential has reviewed the possession limits, storage, use, and disposal of identified biohazards. Certain biohazards—including all radionuclides—will require further review prior to use. Attach documents as necessary.

Print name/Signature

Date

ANIMAL CARE

I certify that the _____ Animal Care facility(s) can meet the animal care requirements. Proposed use of animals (analgesia, anesthesia, surgical techniques, etc) is in compliance with institution's State and Federal regulations. Attach documents as necessary.

Print name/Signature

Date

INSTITUTIONAL REVIEW BOARD

I certify that the use of human subjects, human tissue, and/or patient records has been reviewed by the Institutional Review Board (_____) and is in compliance with all applicable regulations.
The project was approved on: _____. Attach documents as necessary.

Print name/Signature

Date