

Grant Application Cover Sheet

Title of Research Project			
Date of Project	From:	To:	
Total Amount Requested	\$		
Other Sources of Financial Support			
Principal Investigator		Name:	Title:
Institution		Address	
E-mail:		Phone:	Fax:
Institution(s) and addresses where project will be conducted:			
Ethical Review Information			
Institution where conducted		Date of review	IRB Number
Names and addresses of co-investigators.			
Responsible Officials of Applicant Institution			
Name:		Address:	
Email:		Phone:	Fax:
Financial Officer of Grants Administrator			
<i>Signature:</i>			

Name:		Address:	
Email:		Phone:	Fax:
Academic or Clinical Administrator			
<i>Signature:</i>			

Signature of Principal Investigator			
I, the undersigned, certify that the statements in this proposal are true and complete to the best of my knowledge accept the obligation to comply with the term and conditions of any grant awarded Diabetes Research and Wellness Foundation™.			
Signature		Date	