



GRANT APPLICATION COVER SHEET

Project Title: _____ Project Dates: _____

Total Amount Requested \$ _____

Other Sources of Financial Support: _____

Principal Investigator Name: _____ Title _____

Email: _____ Phone _____ Fax _____

Institution(s) Addresses where project conducted : _____

ETHICAL REVIEW INFORMATION

Institution(s) where project conducted: _____

Date of Review: _____ IRB Number: _____

Name and Addresses of Co-Investigators: _____

RESPONSIBLE OFFICIALS OF APPLICANT INSTITUTION

Name: _____

Address: _____

Email: _____ Phone _____ Fax _____

FINANCIAL OFFICER OF GRANTS ADMINISTRATOR

Signature: _____ Name _____

Address: _____

Email: _____ Phone _____ Fax _____

ACADEMIC OR CLINICAL ADMINISTRATOR

Signature: _____ Name _____

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 & Wellness Foundation®.

Signature: _____ Date _____

YOU MAY SEND YOUR GRANT PROPOSAL VIA EMAIL: diabeteswellness@diabeteswellness.net