**Career Development Program**

Woodruff Memorial Research Building

101 Woodruff Circle, Suite 6300

Atlanta, GA 30322

**Tel:** 404.727.3381

**Email:** dystoniacoalition@emory.edu

Please email all applications in one attachment no larger than 2MB to Gamze Kilic-Berkmen at [dystoniacoalition@emory.edu](mailto:dystoniacoalition@emory.edu).  Appropriate institutional approval must be obtained for any proposed work (e.g. IRB, Radiation safety committee, etc) before funding can begin. Clinical trials may also require approval through NINDS prior to funding.

**Principal Investigator Information**

Name: Position Title:

Department:

Institution:

Street Address:

City, State, Zip code:

Country: Fax:

Telephone: Email:

**Project Information**

Project Title:

Mentor(s) Name(s):

Key Personnel & Roles:

Proposed Budget Period of Support:

Budget Requested (US Dollars):

Has this project been submitted to another funding agency? Yes ⬜ No ⬜

If yes, to whom and when?

Below is a suggested budget format. You do not have to use this format for your budget, but it provides some guidance as to what is expected.

*(Write summary at the top)*

Budget: $37,514 (Direct Costs) + $3,751 (Indirect Costs) = $41,265 Total Costs

*(Write details in a table)*

|  |  |  |
| --- | --- | --- |
| **Key Personnel** | **Percent Effort** | **Salary Requested (includes fringe)** |
| Person #1 | 5% | $8,676 |
| Person #2 | 25% | $15,455 |
|  | **Subtotal** | $24,131 |
| **Supplies and Other Costs** |  | |
| Item #1 | $2,544 | |
| Item #2 | $7,000 | |
| Item #3 | $3,239 | |
| **Grand Total** | $37,514 | |