

**Kaul Pediatric Research Institute
Alabama Children's Hospital Foundation**

Competitive Grant Application

1. Title of Project:

2. Name of Principal Investigator/
Program Director:

3. Position Title:

4. Mailing Address:

5. Department or Equivalent:

6. Telephone:

7. Human Subjects: Yes No

UAB IRB Approval Date

8. Vertebrate Animals: Yes No

UAB IACUC Approval Date

9. Signature of Principal Investigator: _____ Date: _____

10. Signature of Division Director: _____ Date: _____

Please provide names and contact information for three potential Peer Reviewers for this application:

1.

2.

3.

ABSTRACT

Project Description: 150 words or less

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Other Research Support (Related to This Grant):

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