



Pilot Project Program

Woodruff Memorial Building, Ste 6000
101 Woodruff Circle
Atlanta GA, 30322
404-727-3381

Please email all applications in one attachment no larger than 2MB to Ami Rosen, MS, CGC at arosen3@emory.edu. Appropriate institutional approval must be obtained for any proposed work (e.g. IRB, Radiation safety committee, etc) before funding can begin. Please attach approval documents or timeline for expected approval. 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: _____

Key Personnel & Roles: _____

Proposed Budget Period of Support: _____

Budget Requested (US Dollars): _____



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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