



**Career Development Award**

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](mailto: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: \_\_\_\_\_

\_\_\_\_\_

Mentor(s) Name(s): \_\_\_\_\_

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)*

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