



2018

**Request for
Proposals: Mouse
Drug Testing
Facilities in
Myotonic
Dystrophy
Cover Page and
Signatures**

Please fill out the fields below, print and add signatures and then scan to submit with your electronic application.

Section 1 – Administrative Information:

PROJECT TITLE

FULL TITLE OF RESEARCH PROPOSAL

ABBREVIATED TITLE OF RESEARCH PROPOSAL

PRINCIPAL INVESTIGATOR

NAME	TITLE AND POSITION
DEGREES	DEPARTMENT
INSTITUTION	
STREET ADDRESS	
CITY	STATE OR PROVINCE
COUNTRY	ZIP CODE
TELEPHONE	FAX
EMAIL	

TOTAL AMOUNT REQUESTED (UP TO \$200,000)

CERTIFICATION AND ACCEPTANCE

The undersigned agrees to (1) pursue the scientific investigation described in the Research Plan, (2) acknowledge support from the Myotonic Dystrophy Foundation in any publication resulting from an award, and (3) comply with all of MDF’s eligibility requirements set forth in the Mouse Drug Testing Facilities RFA. Failure to comply with these requirements shall be considered a material breach of this application. Copies of reprints or manuscripts supported by this grant shall be made available to the Myotonic Dystrophy Foundation.

(SIGNATURE OF APPLICANT)
TYPED NAME OF SIGNATOR

“I certify to the best of my knowledge that the statements contained within are complete and accurate and acknowledge that applicant is an employee of the institution in good standing. I further certify that I am authorized by the Institution to make these representations on its behalf.”

(SIGNATURE OF INSTUTION OFFICIAL)
TYPED NAME OF SIGNATOR

MAILING ADDRESS FOR CHECKS:

PAYABLE TO .	DEPARTMENT .
INSTITUTION	CONTACT PERSON
STREET ADDRESS	
CITY	STATE/PROVINCE AND ZIP
TELEPHONE	FAX
EMAIL	FEDERAL TAX ID NUMBER