



# Research Grant Application Form

Which grant category are you applying for? Select one.

- Feeding Hope Fund - Innovative Treatment
- Feeding Hope Fund - Training Dissemination
- Early Career Investigator Grant

## 1. Biographical information

Please complete the biographical information on all key personnel for the proposed project.

**Name #1:** Last: \_\_\_\_\_ First: \_\_\_\_\_

Credentials: (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

Position Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Role in Proposed Project: \_\_\_\_\_

Degree Type: \_\_\_\_\_ Degree Year: \_\_\_\_\_ Additional Degree Type: \_\_\_\_\_ Degree Year: \_\_\_\_\_

Biosketch: *(Please attach separate biosketch form)*

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**Name #2:** Last: \_\_\_\_\_ First: \_\_\_\_\_

Credentials: (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

Position Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Role in Proposed Project: \_\_\_\_\_

Degree Type: \_\_\_\_\_ Degree Year: \_\_\_\_\_ Additional Degree Type: \_\_\_\_\_ Degree Year: \_\_\_\_\_

Biosketch: *(Please attach separate biosketch form)*

Name #3: Last: First:  
Credentials: (a) (b) (c)  
Position Title: Organization:  
Department:  
Address:  
City: State: Zip:  
Phone: Email: Fax:  
Role in Proposed Project:  
Degree Type: Degree Year: Additional Degree Type: Degree Year:  
Biosketch: *(Please attach separate biosketch form)*

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**2. Project Description (<4 pages)**

The Project Description should be attached and must contain a summary of the proposed activity and a statement of objectives and methods to be employed. It should be informative and understandable to a scientifically or technically literate lay reader. Be sure to make a strong case for implications, impact and significance of the proposed project. This section must not exceed 4 pages; one half page should detail the project aims, with the remaining pages outlining the significance, innovation, and the research strategy. A project description which exceeds this allowable length may be flagged as an error by the agency upon submission. References do not count toward the total page length.

**3. Project Significance** (5–6 sentences)

Please elaborate on the relevance, impact, innovation, and importance of the project. How will the proposed project impact the lives of those affected by eating disorders?

Use no more than five to six sentences in this section; be succinct and use plain language that can be understood by a general, lay audience.

**4. Will the proposed project use human subjects?**  No  Yes. If yes, it is expected that you will obtain IRB approval within 90 days of receipt of the award.

**5. Facilities & Other Resources** (< 1 page)

This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Describe only those resources that are directly applicable to the proposed work.