

## Feeding Hope Fund for Clinical Research and Training Grant Application

National Eating Disorders Association

Name #1: Last:		First:		
Credentials:				
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 separ				
Name #2: Last:				
Credentials:				
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 separ	•			
Name #3: Last:				
Credentials:				
Position Title:	Organization:			
Address:	City:		State:	Zip:

\_\_\_ Email: \_

Fax: \_

Name #3 (continued)			
Role in Proposed Project:			
Degree Type:	Degree Year: _		
Additional Degree Type:	Degree Year: _		
Biosketch (Please attach separate biosketch	h form)		
2. Project Description (< 4 pages) The Project Description should be attached objectives and methods to be employed. It literate lay reader. Be sure to make a strong section must not exceed 4 pages; one half significance, innovation, and the research of flagged as an error by the agency upon sub-	d and must contain a sum t should be informative ang g case for implications, in page should detail the pr strategy. A project descrip	nmary of the proposed ac nd understandable to a s mpact and significance of oject aims, with the rem ption which exceeds this	ctivity and a statement of cientifically or technically the proposed project. This aining pages outlining the allowable length may be
<b>3. Project Significance</b> (5-6 sentences) Please elaborate on the relevance, impact, impact the lives of those affected by eating	•	nce of the project. How v	will the proposed project
Use no more than five to six sentences in the general, lay audience.	his section; be succinct a	nd use plain language tha	at can be understood by a
<b>4. Will the proposed project use human s</b> approval within 90 days of receipt of the av		Yes. If yes, it is expected	that you will obtain IRB
<b>5. Facilities &amp; Other Resources</b> (< 1 page) This information is used to assess the capal Identify the facilities to be used (Laborator their capacities, pertinent capabilities, relaresources that are directly applicable to the	ability of the organizationa ry, Animal, Computer, Off ative proximity and extent	ice, Clinical and Other). If	f appropriate, indicate