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| **Korea Society for Transplantation**  **Research Grant Application**  *Do not exceed character length restrictions indicated* | | | | | Leave Blank | | | | |
| Date Received | | | |  |
| Application Number | | | |  |
| 1. Title of Project (*Do not exceed 81 characters, including spaces and punctuations*) | | | | | | | | | |
| 2. Program Director/ Principal Investigator | | | | | | | | | |
| 2a. Name (first, middle, last) | | | | 2b. Degree(s) | | | | | |
| 2c. Position Title | | | | 2d. Mailing Address (street, city, state, country, zip code) | | | | | |
| 2e. Department | | | | 2f. E-mail Address | | | | | |
| 2g. Telephone | | | | 2h. Fax | | | | | |
| 2i. Applicant Organization | | | |  | | | | | |
| 3a. Clinical Research | □ No  □ Yes | | | 3b. Clinical Trial | | | □ No  □ Yes | | |
| 4. Dates of proposed period of research | | | | From To | | | | | |
| 5. Grant requested for study | | | | 10,000,000\ | | | | | |
| 6. Persons to be contacted on matters involving this application  Name:  Prefix:  Mailing address:  E-mail address:  Telephone:  Fax:  Organization | | | | | | | | | |
| 7. Signature of applicant | |  | | | | Date | |  | |
| 8. Applicant’s Mentor (Korean Only) | | Name | Organization | | | Signature | | Date | |

**Project Summary**

1. **Title of Project:**
2. **Principal Investigator**

* **Name:**
* **Organization:**

1. **Requested grant for the project: KRW 10,000,000**
2. **Proposed period of study**
3. **Summary of project**

**Research Plan**

**1. Specific aims of the project**

**2. Relevance and Current status**

**3. Research Strategy**

**4. References**

**5. Bibliography and Publication Lists of PI**

**6. Project performance site**

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| **Additional Project/Performance Site Location** | | | | | | | | | | | | |
| Organizational Name: | | | |  | | | | | | | | |
| Street 1: | |  | | | | | | Street 2: |  | | | |
| City: |  | | | | | | County: |  | | | State: |  |
| Province: | | |  | | Country: |  | | | | Zip/Postal Code: | |  |

**7. Key Personnel**

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| --- | --- | --- | --- |
| Name | Degree | Organization | Role on Project |
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**8. Detailed budget**

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| --- | --- | --- | --- | --- |
| Name | Role on project | Cal. months | INST. BASE SALARY | SALARY requested |
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| SUBTOTAL --------------------🡪 | | | |  |
| Consultant costs | | | |  |
| Equipment costs (itemize) | | | |  |
| Supplies (itemize by category) | | | |  |
| Travel | | | |  |
| Other expenses | | | |  |
| Administrative costs | | | |  |
| TOTAL | | | | KRW 10,000,000 |