



**2018**

**Request for  
Proposals: Mouse  
Drug Testing  
Facility 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**

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

**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 Facility 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:**

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