

**COVER PAGE FOR A
NORTH CAROLINA STROKE ASSOCIATION GRANT PROPOSAL**

**REQUEST FOR FUNDING
FOR STROKE IDENTIFICATION/PREVENTION PROJECT**

PROJECT DIRECTOR & TITLE _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

TITLE OF PROJECT _____

TOTAL AMOUNT REQUESTED _____

GRANT PERIOD _____

SIGNATURE & TITLE OF
APPROVING PERSONNEL (OTHER THAN
PROGRAM DIRECTOR) _____

NAME & TITLE OF APPROVING
INSTITUTIONAL PERSONNEL (TYPED) _____

ABSTRACT

PROJECT DIRECTOR _____

ORGANIZATION / INSTITUTION _____

TARGET POPULATION _____

ABSTRACT

In the space below, please provide a short abstract, not to exceed 200 words, written in lay terms for release to the general public should this application be chosen for funding.
Permission is hereby granted to the North Carolina Stroke Association to publish the above abstract should this application be selected for funding.

SIGNATURE _____
DATE _____
NAME (TYPED) _____
PHONE NUMBER _____

BIOSKETCH FORM

PROJECT DIRECTOR *(Last Name, First, Middle)*

BIOGRAPHICAL INFORMATION	
Information should be submitted for the project director and other personnel included in budget request. Please use a separate form for each person.	
NAME	TITLE:

EDUCATION

(Begin with baccalaureate or initial professional education, such as nursing, include postdoctoral training)

INSTITUTION <i>(Indicate Location)</i>	DEGREE	YEAR CONFERRED	FIELD OF STUDY

PROFESSIONAL EXPERIENCE: Please list, in chronological order, concluding with present position, previous employment, experience and honors. Please list any community experience you have had in screenings and preventive health.

DO NOT EXCEED TWO PAGES

BUDGET FORM

***NORTH CAROLINA STROKE ASSOCIATION GRANT APPLICATION
REQUIRED BUDGET FORM***

DETAILED BUDGET FOR ENTIRE BUDGET PERIOD		FROM			THROUGH		
SUPPLIES (ITEMIZE BY CATEGORY)							

EQUIPMENT (NCSA CAN PROVIDE @ REDUCED COST)		
TRAVEL		
PATIENT CARE COSTS	INPATIENT	
	OUTPATIENT	
OTHER EXPENSES (ITEMIZE BY CATEGORY)		
SUBTOTAL - DIRECT COSTS		
INDIRECT COST ALLOCATION (NOT TO EXCEED 10%)		
TOTAL FUNDING REQUEST		

PLEASE ATTACH BUDGET JUSTIFICATION