



# **PEDIATRIC HYDROCEPHALUS FOUNDATION**

## **GRANT APPLICATION**

**Rules and Requirements**

**for**

## **RESEARCH GRANT**

**Contact information:**

**Pediatric Hydrocephalus Foundation, Inc.  
Research Grant Program  
76 Main Street  
Suite 202  
Woodbridge, NJ 07095**

**Phone: 732-634-1283 • Fax: 847-589-1250  
Email: [grantprogram@hydrocephaluskids.org](mailto:grantprogram@hydrocephaluskids.org)  
Website: [www.HydroKids.org](http://www.HydroKids.org)**

## **1. Mission Statement**

The mission of the Pediatric Hydrocephalus Foundation is to educate the community by raising the level of awareness about this brain condition. The PHF will also provide support to the families, friends and children who are diagnosed with Hydrocephalus.

The PHF will raise money for and work with the medical community in searching for a cure and additional treatment options for those with Hydrocephalus.

The PHF, Inc. is a non-profit 501 (c) (3) charitable organization and as such, all contributions are tax deductible to the extent allowed by law.

Additionally, the PHF will advocate on behalf of the members of the Hydrocephalus community and work with policy makers at the State and Federal level to raise awareness and push for more research and support in our fight against Hydrocephalus.

The PHF will be holding fundraising events to accomplish the goals stated above.

## **2. Submission of Grant Application and Materials**

Applications are considered on an on-going basis. However, all applications must be submitted by September 30<sup>th</sup> to be eligible for that calendar year. To be considered by the PHF Research Committee and then presented to the PHF Board of Directors for funding approval, all submission must include the following:

- A completed “Grant Application for Research Grant.”
- A completed non-scientific summary in simple, non-technical language, which explains the research request and its relevance to Hydrocephalus.
- Eight (8) copies of each of the above

## **3. Acknowledgment of Application & Notification of Approval**

All grant applications received, will be confirmed by the Pediatric Hydrocephalus Foundation, Inc. via mail. After the status of application is determined, letters will be mailed to all applicants with said determination.

## **4. Responsibilities of Approved Applicants**

All approved grant applications that receive funding from the PHF, Inc, must submit a progress report on status of research project(s) in June of the year after funding was received.

At the end of the calendar year, a final year-end report in layman’s terms will be submitted to the PHF, Inc.

Any applicant who does not comply with the requirements detailed above will not be considered for any further funding.

The Pediatric Hydrocephalus Foundation, Inc. is to be acknowledged and thanked for their financial support and assistance in all publications relating to the research that has been funded.

# **PEDIATRIC HYDROCEPHALUS FOUNDATION**

## **GRANT APPLICATION PROJECT SUMMARY**

In the space below, please provide a summary of the proposed research, using non-scientific language that states the purpose of the research and describes the research and its relevance to Hydrocephalus.

Title of Proposed Research:

Summary:

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**Woodbridge, NJ 07095**

**Phone: 732-634-1283 • Fax: 847-589-1250**  
**Email: grantprogram@hydrocephaluskids.org**

This application is a:            New Application             Renewal  (check one)  
Amount Requested: \$            Total amount of research project: \$

### **Applicant Information**

Full Name:

Title:

Institution:

Mailing Address:

Phone:

Fax:

Email:

Research Project Title:

Agreement:

By signing this application, the applicant agrees that all conditions and requirements described within are acceptable and will be followed.

Name:

Signature:

Date:

### FOR PHF USE ONLY

Application Received:

Application Status:

Approved

Denied

Amount of Funding Awarded:

Date Approved:

Check #: