

**Application for Small Research Grant From
“The Control Research Foundation”
At The Orange County Community Foundation**

Guidelines.

- The work is expected to be of the highest ethical and professional quality; have IRB and human subject approval before being undertaken; and an effort to publish all results in peer reviewed journals is expected.
- Graduate advisor (for graduate student) or supervisor/department chair (for post-doctoral students, junior faculty)) must sign off on the proposal; please also obtain the appropriate signature indicating institutional approval.
- Ninety days after the completion of the study, a one page Abstract summarizing the project and its central findings is to be submitted to the Foundation; Further, once the study is published, the authors agree to please send a copy for our records, and so that this information can be shared on the “Networking” portion of the website.
- Funds will be paid to the institution on behalf of the grantee. The foundation’s guidelines stipulate that no indirect costs (e.g., for institutional overhead) will be paid.

APPLICATION FORM/PROPOSED STUDY FOR RESEARCH

In no more than 1000 words, please describe your proposed study using the following format:

Introduction: How your work builds on previous work on control theory and therapy; its relevance.

Method: Subject, setting; assessment procedures; proposed data analysis; study timeline

Results: How do you believe the findings could inform clinical practice and/or future research efforts?

Finances: How you intend to use the money from the grant to facilitate your research. Note: THE MONEY CAN BE USED FOR ANY PURPOSE RELATED TO THE PROPOSED STUDY: (e.g., subject recruitment, data entry, travel to present results, etc.)

Cover page should be formatted as follows:

NAME: _____

UNIVERSITY: _____

DEPARTMENT: _____

PROFESSIONAL YEAR OF STUDY/EMPLOYMENT (e.g., 4th year graduate student, post doctoral fellow, assistant professor) _____

PROPOSED STUDY TITLE: _____

PROPOSED START DATE: _____

PROPOSED COMPLETION DATE: _____

APPLICANT'S SIGNATURE: _____

ADVISOR/SUPERVISOR/CHAIR'S SIGNATURE: _____

INSTITUTIONAL APPROVAL SIGNATURE: _____

Please submit signed cover sheet, application and two-page Vitae to grants@oc-cf.org
