

# Star Legacy Foundation

## Research Funding Application

Star Legacy Foundation is honored to accept applications for research grant funds that further our mission to improve perinatal death prevention and care in the United States.

Applications are received continuously and reviewed on a semi-annual basis. The deadline for Spring submissions is March 31, and the deadline for Fall submissions is October 31. If you have any questions or concerns about the application or an application that has been submitted, please contact [lindsey@starlegacyfoundation.org](mailto:lindsey@starlegacyfoundation.org).

\* Indicates required question

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1. Email \*

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2. Primary Investigator Name \*

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3. Primary Investigator Credentials \*

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4. Primary Investigator Title \*

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5. Primary Investigator Email \*

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6. Primary Investigator Institution/Department/Company \*

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7. Primary Investigator Address \*

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8. Primary Investigator Biographical Sketch and Relevant Published Work \*

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9. Co-Investigator Name

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10. Co-Investigator Credentials

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11. Co-Investigator Title

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12. Co-Investigator Email

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13. Co-Investigator Institution/Department/Company

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14. Co-Investigator Address

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15. Co-Investigator Biographical Summary

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16. Name/Credentials/Title/Institution of any additional co-investigators

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Study Description

17. Institution/Company(s) where work will be done: \*

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18. Study Title \*

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19. Focus Area(s) Addressed by Project (check all that apply): \*

*Check all that apply.*

- Understanding of Stillbirth
- Stillbirth Prevention
- Knowledge/awareness of perinatal death issues
- Understanding of perinatal death bereavement
- Perinatal death bereavement care

20. Project Abstract \*

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21. Study Aims \*

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22. Scientific Rationale for Study \*

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23. Research Plan and Timeline \*

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24. Innovation Statement \*

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25. Resources and Environment \*

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26. Plans for Investigator Interaction \*

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27. IRB or other Ethics Committee Approval Statement \*

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28. How Star Legacy Foundation will be recognized for supporting this study \*

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Budget

29. Personnel - for each individual, identify Name, Role in Project, Salary, % of time \*  
spending on this study, Fringe amount, and total individual cost to the study

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30. Total Personnel Budget \*

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31. Total Consultant Costs \*

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32. Total Equipment Costs \*

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33. Total Cost of Supplies (itemize by category in budget justification) \*

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34. Total Procedures/Lab Costs \*

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35. Total Patient Care Costs \*

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36. Total General Services Costs \*

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37. Total Travel Costs \*

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38. Total of Other Costs \*

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39. Total Cost of Study \*

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40. Amount requested from Star Legacy Foundation \*

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41. Other funding sources for this study (please identify amounts and if pending or confirmed) \*

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42. Budget Justification \*

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Submission

43. Thank you for submitting this request for research funding from Star Legacy Foundation. Please attach any other supporting documents that will help us evaluate your application.

Files submitted:

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