# FORM 8
(For Research Projects ONLY)

MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY____

## I. PROJECT IDENTIFIER INFORMATION
1. Project Title:
2. Project Number:
3. Project Director/Principal Investigator as shown on NoA:
4. Additional Principle Investigator(s), Discipline

## II. BUDGET
1. MCHB Grant Award $___________
   (Line 1, Form 1)
2. Matching Funds (if applicable) $___________
   (Line 2, Form 1)
   - Other Project Funds $___________
     (Line 3, Form 1)
   - Total Project Funds $___________
     (Line 4, Form 1)

## III. CARE EMPHASIS
[ ] Intervenional
[ ] Non-interventional

## IV. POPULATION FOCUS
[ ] Neonates [ ] Pregnant Women
[ ] Infants [ ] Postpartum Women
[ ] Toddlers [ ] Parents/Mothers/Fathers
[ ] Preschool Children [ ] Adolescent Parents
[ ] School-Aged Children [ ] Grandparents
[ ] Adolescents [ ] Physicians
[ ] Adolescents (Pregnancy Related) [ ] Others
[ ] Young Adults (>20)

## V. STUDY DESIGN
[ ] Experimental
[ ] Quasi-Experimental
[ ] Observational

## VI. TIME DESIGN
[ ] Cross-sectional
[ ] Longitudinal
[ ] Mixed

## VII. PRIORITY RESEARCH ISSUES AND QUESTIONS OF FOCUS
From the Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009.
Primary area addressed by research:

Secondary area addressed by research:

VIII. ABSTRACT

IX. KEY WORDS

X. ANNOTATION
INSTRUCTIONS FOR THE COMPLETION OF FORM 8
MATERNAL & CHILD HEALTH
RESEARCH PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. Do not exceed the space provided.

Where information has previously been entered in forms 1 through 4, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

Project Title: Displays the title for the project.
Project Number: Displays the number assigned to the project (e.g., the grant number).
Project Director: Displays the name and degree(s) of the project director as listed on the grant application.
Principal Investigator: Enter the name(s) and discipline(s) of the principal investigator(s).

Section II – Budget
The amounts for Lines 1 through 4 will be transferred from Form 1, Lines 1 through 4.

Section III – Care Emphasis
Indicate whether the study is interventional or non-interventional.

Section IV – Population Focus
Indicate which population(s) are the focus of the study. Check all that apply.

Section V – Study Design
Indicate which type of design the study uses.

Section VI – Time Design
Indicate which type of design the study uses.

Section VII – Priority Research Issues and Questions of Focus (DO NOT EXCEED THE SPACE PROVIDED)
Provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be from those listed in the Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009.

Section VIII – Abstract

Section IX - -Key Words
Provide up to 10 key words to describe the project, including populations served. A list of key words used to classify active projects is included. Choose keywords from this list when describing your project.

Section X – Annotation
Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems which are addressed, the objectives of the project, the related activities which will be used to meet the stated objectives, and the materials, which will be developed.