

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:
4. 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

- Interventional
 Non-interventional

IV. POPULATION FOCUS

- | | |
|--|--|
| <input type="checkbox"/> Neonates | <input type="checkbox"/> Pregnant Women |
| <input type="checkbox"/> Infants | <input type="checkbox"/> Postpartum Women |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Parents/Mothers/Fathers |
| <input type="checkbox"/> Preschool Children | <input type="checkbox"/> Adolescent Parents |
| <input type="checkbox"/> School-Aged Children | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Physicians |
| <input type="checkbox"/> Adolescents (Pregnancy Related) | <input type="checkbox"/> Others |
| <input type="checkbox"/> 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.