May 2, 1960

In reply refer to: FF-208

Dr. A. B. Sabin
Department of Pediatrics
College of Medicine
University of Cincinnati
Elland Avenue and Bethesda
Cincinnati 29, Ohio

Dear Dr. Sabin:

I am enclosing an application for a foreign research fellowship grant in behalf of Dr. Jan B. Wilterdink. This application has been filled out as far as possible from the information supplied to this office. However, any dates may be changed by you to reflect arrangements made between you and Dr. Wilterdink.

A dittoed sheet is attached, indicating how the remainder of the application should be made out. When you have completed it and obtained the proper signatures please return five copies to this office.

Sincerely yours,

Ronald E. Scantlebury, Ph.D.
Chief, Foreign Grants and Awards
Division of General Medical Sciences

Enclosures

cc: Business Office, University of Cincinnati
APPLICATION FOR RESEARCH FELLOWSHIPS GRANT

Date  

Application is hereby made for a grant in the amount and for the period shown below for the support of:

- post-sophomore
- medical or dental research fellow
- part-time
- medical or dental research fellowships
- nursing or public health research fellowships
- Foreign Scientist Research Fellow

for the period from  

through 


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<tr>
<th>NAME, TITLE &amp; MAILING ADDRESS OF SPONSOR:</th>
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<td>Dr. Robert E. Felish, M.D.</td>
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<td>University of Cincinnati</td>
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<td>Cincinnati, Ohio</td>
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<th>NAME, TITLE &amp; MAILING ADDRESS OF FINANCIAL OFFICER:</th>
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PROPOSED BUDGET (See Instructions)

- Stipend(s)  $4,500
- Dependency  $300
- Tuition     $662
- Travel      $300

Supply Grant for one Foreign Scientist Research Fellow

Indirect cost allowance  $495

Total Request  $6,857

AGREEMENT

It is understood and agreed by the applicant: (1) That funds granted as a result of this request are to be expended for the purposes set forth herein; (2) that the grant may be revoked in whole or part of any time by the Surgeon General of the Public Health Service, provided that a revocation shall not include any amount obligated previous to the effective date of the revocation if such obligations were made solely for the purposes set forth in this application; (3) that all reports of original investigations supported by any grant made as a result of this request shall acknowledge such support; (4) that if any patentable discoveries or inventions are made in the course of the work aided by any grant received as a result of this application, the applicant will, in consideration of such grant, refer to the Surgeon General of the Public Health Service, for determination, the question of whether such patentable discoveries or inventions shall be patented and the manner of obtaining and disposing of the proposed patents in order to protect the public interest.

NAME OF INSTITUTION

NAME, TITLE, AND MAILING ADDRESS OF OFFICIAL AUTHORIZED TO SIGN FOR INSTITUTION (Please type)

PERSONAL SIGNATURE (Sign Original Only)
INSTRUCTIONS FOR COMPLETING APPLICATION FORM
FOR
FOREIGN SCIENTIST RESEARCH FELLOWSHIP

Use application form number 2750 in making application. Six copies are enclosed.

1. Name of Fellow should be inserted.

2. Period of support: Fellowship will cover one year, the dates to be decided by fellow and sponsor.

3. Sponsor: Person who has signed Facilities and Commitment Statement and under whom Fellow will be conducting research.

4. Proposed Budget
   a. Stipend: A stipend of $4,500 is provided except when a greater amount has been negotiated.
   b. Dependency: $500 is provided for spouse and each dependent child, whether or not the dependents accompany the Fellow to the United States.
   c. Travel: Travel for the Fellow (not for dependents) is provided at the rate of eight cents per mile from home to laboratory in the United States and back.
   d. Supply Grant: An amount of $500 to cover laboratory expenses will be provided as a part of the grant.
   e. Indirect Costs: 8% of the total of the above items except Supply Grant will be allowed.

5. Signatures: Applications must be signed by an official authorized to sign for the institution. Applications not actually signed by the official indicated will be returned since "per" signatures are not valid.

6. Copies: Send the original and four of the carbon copies to Chief, Foreign Grants and Awards, Division of General Medical Sciences, National Institutes of Health, Bethesda 14, Maryland. The sixth copy is for your records.