

# FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION

## SECTION I

(Please submit entire original application and attachments **in electronic format (pdf or doc file)**,  
**and mail 4 hardcopies** of your completed application)

### PROJECT INFORMATION

#### Project Information

Project Title:

Date of Proposed Project Period ( Day, Month, Year )

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Requested for Project: US\$\_\_\_\_\_

### FELLOW AND MENTOR INFORMATION

#### Fellow Information

Fellow Name:

Fellow Title:

Fellow Address:

Telephone (please include all codes):

Fax (please include all codes):

Email address:

#### Mentor Information

Mentor Name:

Mentor Title:

Mentor Address:

Telephone (please include all codes):

Fax (please include all codes):

Email address:

*Note: The policy of the Facioscapulohumeral (FSH) Society excludes overhead support and usually excludes salary support for the Principal Investigator.*

### INSTITUTION INFORMATION

#### Institution Information

Institution Name:

Institution Address:

Telephone (please include all codes):

Fax (please include all codes):

Checks Payable To:

Address:

Person authorized to sign for the institution and to receive funds

Authorized Name:

Authorized Title:

Authorized Address:

Telephone (please include all codes):

Fax (please include all codes):

Email address:

# FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION

## SECTION I (Continued)

### INSTITUTION INFORMATION (Continued)

**Human Subjects** (circle one):            Yes    No

If yes, please give

Exemption Number:

OR

IRB Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Assurance of Compliance E:

**Form HHS 596 attached** (circle one): Yes    No

**Vertebrate Animals** (circle one):    Yes    No

If yes please give

IACUC approval date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Animal Welfare Assurance Number:

### SIGNATURES

Authorized Person

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctoral Applicant

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Research Sponsor

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*In signing this application, the applicant and the applicant Institution agree that all propagatable materials (including monoclonal antibodies, cell lines, biopsies, animal models, recombinant DNAs, and any propagatable cells) should be freely available to other investigators following publication. The Society's position is that there be no restriction or proprietary rights in materials produced with our support.*

# **FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION**

## **SECTION II**

### **PROJECT SUMMARY**

Please provide a concise summary of the proposed project.

# **FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION**

## **SECTION III**

### **PROPOSED BUDGET**

Please provide a concise description on the following:

Personnel costs (US\$) and a subtotal for personnel;  
Equipment costs (US\$) and a subtotal for equipment;  
Other costs (US\$) and a subtotal for other;  
Total grant costs (US\$).

### **REMARKS**

Please provide budget justification and assign priorities to budget items.

# FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION

## SECTION III (Continued)

Attach as many copies of this page as necessary to detail other support for all professionals involved in this project. Include current, pending, and planned grants.

### OTHER PROFESSIONALS INVOLVED

Name:  
Title:  
Status (circle one):   Active           Pending  
Source ID Number:  
Principle Investigator (P.I.) ID Number:  
Role:  
Percent (%) Effort on Project:

### DATES AND COST OF ENTIRE PROJECT

Please concisely describe dates and cost of entire project. For renewals include only the most recent competitive award.

### DATES AND COST OF CURRENT YEAR

Please concisely describe dates and cost of current year.

### SPECIFIC AIMS

Please concisely describe specific aims.

### SCIENTIFIC AND BUDGETARY OVERLAP

Please concisely describe scientific and budgetary overlap.

### ADJUSTMENT IF PRESENT APPLICATION IS FUNDED

Please concisely describe any adjustments you will make if present application is funded.

# FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION

## SECTION IV

### ATTACHMENTS

#### ATTACHMENT I

Attach a two page biographical sketch (NIH Format) of the Principal Investigator and other professional personnel. List training, experience and publications. Enclose copies of each publication related to this study.

#### ATTACHMENT II

If Institutional Review Board (IRB) approval has been obtained, please attach the completed "Protection of Human Subjects Assurance/Certification/Declaration" form and check yes on the first page of this application. Any project using human subjects must be approved by the review board of the applicant institution. This requirement may be fulfilled by sending approved form #HHS 596, along with the statement of approval by the institution review board, to this office prior to receiving funding. We abide by the rules and regulations of the National Institutes of Health. These can be obtained by writing the NIH, Bethesda, Maryland, 20205. If human subjects are involved, request *Principals For Use of Animals* and, in the case of warm-blooded vertebrates, the *Guide For the Care and Use of Laboratory Animals*.

#### ATTACHMENT III

Attach a list of other support, in NIH format, listing all support (current and pending) for all projects in the Principal Investigator's laboratory, with regard to applicant and mentor.

#### ATTACHMENT IV

Attach a description of the proposed plan of this study with particular attention to the following items. Use additional numbered pages. The proposal should not exceed ten (10) pages, excluding references.

1. Include a detailed presentation of the program stating the purpose of the study, the rationale of your approach and the experimental procedures that you propose to use.
2. Include the justification for undertaking this study; its relevance to Facioscapulohumeral Muscular Dystrophy (FSHD) and the specific needs for further knowledge in this area.
3. Include the facilities that are available and those that are essential for this project but not now available.
4. Attach a bibliography.

#### ATTACHMENT V

Training goals during period of award: identify skills, theories, conceptual approaches, etc. which you hope to learn or of which you wish to enhance your understanding. Describe how the proposed activities will contribute to the achievement of this learning.

# FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION

## SECTION V

(To applicant -- please submit references from three referees. To referees -- please send reference **in electronic format (pdf or doc file) and mail 1 hardcopy** of your completed evaluation)

### REFERENCE REPORT FORM

Applicant Name:

Proposed Sponsoring Institution:

### NOTE TO RESPONDENT

The above applicant selected you as a reference relative to his/her request for Facioscapulohumeral Muscular Dystrophy (FSH) Society Research and Fellowship funding. Please complete this inquiry in English and e-mail, fax or mail promptly to the Daniel Paul Perez, FSH Society, 11 Elmbrook Circle, Bedford, MA 01730 USA; (781) 275-7789 fax; daniel.perez@fshsociety.org e-mail. This inquiry will be reproduced for review by the FSH Society Scientific Advisory Board and consultants. *Please put the applicant's name in the upper corner of any continuation page.*

### RATING OF APPLICANT

Rate the applicant on the items below by a numerical score of "1" to "5", basing such ratings on the degree of accomplishment usually expected of individuals at this level. 1) = Outstanding, 2) = Above Average, 3) = Average, 4) = Below Average, 5) = Poor, X) = Insufficient Knowledge to Rate)

1. Originality	1	2	3	4	5	X
2. Accuracy	1	2	3	4	5	X
3. Research Ability	1	2	3	4	5	X
4. Scientific Background	1	2	3	4	5	X
5. Ability To Exchange	1	2	3	4	5	X
6. Perseverance In Pursuing Goals	1	2	3	4	5	X
7. Ability To Organize Scientific Data	1	2	3	4	5	X
8. Familiarity With Research Literature	1	2	3	4	5	X
9. Proficiency In Laboratory Work, If Relevant	1	2	3	4	5	X
10. Clinical Proficiency, If Relevant	1	2	3	4	5	X

### ADDITIONAL QUALIFICATIONS OF APPLICANT

Please describe any qualifications and traits of special significance in judging the applicant's potential for a research career in the sciences related to health (emphasize research aspects). Describe any weaknesses that should be considered in evaluating the applicant *For Senior Fellowship applicants, briefly consider research accomplishments.*

### RESPONDENT INFORMATION

Indicate dates and capacity (teacher, advisor, supervisor, or other) at the time associated with this applicant.

Respondent

Name:

Title:

Department:

Institution:

Signature:

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FSH Society, Inc., Research Programs Office, 11 Elmbrook Circle, Bedford, MA 01730  
(781) 275-7781, daniel.perez@fshsociety.org, (781) 275-7789 fax

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# FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION

## SECTION VI

### SPONSOR FORM *(To be completed by Sponsor)*

#### SPONSOR INFORMATION

##### Sponsor Information

Sponsor Name:  
Sponsor Position:  
Institution Name  
Institution Address:  
Telephone (please include all codes):  
Fax (please include all codes):  
Email address:

#### SPONSOR INSTITUTION INFORMATION

**Human Subjects** (circle one):            Yes    No

If yes, please give

Exemption Number:

OR

IRB Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Assurance of Compliance E:

**Form HHS 596 attached** (circle one): Yes    No

**Vertebrate Animals** (circle one):    Yes    No

If yes please give

IACUC approval date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Animal Welfare Assurance Number:

#### RESEARCH AND TRAINING SUPPORT *(Use continuation pages)*

List in 3 separate groups: (1) Active support; (2) Applications pending review and/or funding; and (3) Applications planned on being prepared for submission. Include all Federal, non-Federal, and institutional grants and contract support. If none, state "NONE". For each item, give the source of support, identifying number, project title, name of the principal investigator/program director, time, or percent of effort on the project, annual direct costs, and entire period of support. (If part of a larger private, provide the titles of both the parent grant and the sub-project, and give the annual direct cost for each period.) If any of these overlap, duplicate, or are being replaced, or are supplemented by the present application, justify and delineate the nature and expense of the scientific and budgetary overlaps or boundaries.

#### SPONSOR COMMENTS *(Use additional sheets)*

A. Specify the research training plan (including classes, seminars, and other activities, if any) for the applicant. Describe the research environment and available research facilities. Include information that will help reviewing groups evaluate the applicant and proposed training. Indicate the relationship of the proposed research training to the applicant's career.

# FSH SOCIETY, INC. RESEARCH AND FELLOWSHIP APPLICATION

## SECTION VI

### SPONSOR FORM (Continued)

#### SPONSOR COMMENTS (Continued)

B. Comment on applicant's qualification and potential for a research career.

C. Indicate the total number of graduates and post-doctoral students who will be supervised directly during the tenure of the proposed fellowship.

#### SIGNATURES

Research Sponsor

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_